

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**98 APR -9 PM 3: 29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P93000003830 (5)**

1. Corporation Name

**ENGLE HOMES/BROWARD, INC.**

Principal Place of Business

Mailing Address

**123 NORTHWEST 13TH STREET  
SUITE 300  
BOCA RATON FL 33432**

**123 NORTHWEST 13TH STREET  
SUITE 300  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/19/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0389397	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SHAPIRO, DAVID 123 N.W. 13TH STREET STE. 300 BOCA RATON FL 33432				XX	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				5.00 May Be Added to Fees	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
SIGNATURE				X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAPIRO, DAVID 123 N.W. 13TH STREET STE. 300 BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENGELSTEIN, ALEC			1.2 NAME			
STREET ADDRESS	123 NW 13TH STREET, SUITE 300			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENGELSTEIN, HARRY			2.2 NAME			
STREET ADDRESS	123 NW 13TH STREET, SUITE 300			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRAYNICK, JOHN A			3.2 NAME			
STREET ADDRESS	123 NW 13TH STREET, SUITE 300			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			3.4 CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAPIRO, DAVID			4.2 NAME			
STREET ADDRESS	123 NW 13TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ Vice President 561-391-4012

CR2E034 (10/97)