

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000018789 (6)** NC 11-21-97  
1. Corporation Name  
**GORDON FAMILY HOMES, INC.**  
*Name was changed to Gordon Homes, Inc*

Principal Place of Business <b>900 NORTH FEDERAL HWY. SUITE 380 BOCA RATON FL 33432</b>	Mailing Address <b>900 NORTH FEDERAL HWY. SUITE 380 BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4000 N. FEDERAL HWY</b> Suite, Apt. #, etc. 22 <b>SUITE 201</b> City & State 23 <b>BOCA RATON FL</b> Zip 24 <b>33431</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>4000 N FEDERAL HWY</b> Suite, Apt. #, etc. 27 <b>SUITE 201</b> City & State 28 <b>BOCA RATON FL</b> Zip 29 <b>33431</b> Country 30 <b>US</b>		3. Date Incorporated or Qualified <b>03/11/1993</b>	
		4. FEI Number <b>65-0412155</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, JEFFREY A 900 N. FEDERAL-HIGHWAY SUITE 380 BOCA RATON FL 33432		81 Name <b>JEFFREY A. LEVINE</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>4000 N FEDERAL HWY</b>	83 <b>SUITE 201</b>	84 City <b>BOCA RATON</b>	85 Zip Code <b>FL 33431</b>
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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 *Jeffrey A Levine* **Jeffrey A Levine** **1/9/98**  
Signature of officer or provided name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, GARY		1.2 NAME	GORDON, GARY	
STREET ADDRESS	101 S. CONGRESS AVE.		1.3 STREET ADDRESS	16513 JOG ROAD	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOOLIK, IAN J		2.2 NAME		
STREET ADDRESS	101 S. CONGRESS AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, ROBERT		3.2 NAME	GORDON, ROBERT	
STREET ADDRESS	101 S. CONGRESS AVE		3.3 STREET ADDRESS	16513 JOG ROAD	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **4/1/98** **4/1/98 4:13**

CR2E034 (10/97)