FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001469944
-05/01/95--01086--014
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P93000047443 (5)**

1. Corporation Name
JULY HOMES, INC.

Principal Place of Business	Mailing Address
1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL 33071	1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **07/07/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0425475** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EZRATTI, ITZHAK
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: MARK GRANT C/O RUDEN BARNETT
82 Street Address (P.O. Box Number is Not Acceptable): 200 E. BROWARD BOULEVARD
83
84 City: FT LAUDERDALE **FL** 85 Zip Code: 33302

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: Mark T. Grant DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name altered.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EZRATTI, ITZHAK	12 NAME	
STREET ADDRESS	1401 UNIVERSITY DR 200	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	14 CITY-ST-ZIP	
TITLE	VA	21 TITLE	☐ Change ☐ Addition
NAME	FANT, ALAN	22 NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, RICHARD A	32 NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	NORWALK, RICHARD M	42 NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	EZRATTI, MOSHE	52 NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard M. Norwalk DATE: 4/6/95 TELEPHONE NUMBER: 305 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard M. Norwalk - V.P

0113007 CP