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 26 AM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049910 (1)**

1. Corporation Name

ENGLE HOMES/TEXAS, INC.

Principal Place of Business	Mailing Address
11499 LUNA ROAD SUITE 101 DALLAS TX 75234	11499 LUNA ROAD SUITE 101 DALLAS TX 75234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1993**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21 **123 N.W. 13TH STREET**
22 Suite, Apt. #, etc. **SUITE 300**
23 City & State **BOCA RATON, FLORIDA**
24 Zip **33432** 25 Country **USA**

2a. Mailing Address
26 **123 N.W. 13TH STREET**
27 Suite, Apt. #, etc **SUITE 300**
28 City & State **BOCA RATON, FLORIDA**
29 Zip **33432** 30 Country **USA**

4. FEI Number **65-0424508** ☐ 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

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

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID
123 NW 13TH ST., SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable (REQUIRED: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V	11 TITLE	☐ Change ☐ Addition
NAME	ENGELSTEIN, ALEC	12 NAME	000001469230
STREET ADDRESS	123 N.W. 13TH ST., STE. 300	13 STREET ADDRESS	-05/01/95--01053--001
CITY ST ZIP	BOCA RATON FL 33432	14 CITY ST ZIP	***4330.00 ****208.75
TITLE	DVST	21 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, DAVID	22 NAME	
STREET ADDRESS	123 N.W. 13TH ST., STE. 300	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33432	24 CITY ST ZIP	
TITLE	D/V	31 TITLE	☐ Change ☐ Addition
NAME	KRAYNICK, JOHN A	32 NAME	
STREET ADDRESS	123 N.W. 13TH ST., STE. 300	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33432	34 CITY ST ZIP	
TITLE	P	41 TITLE	☒ Change ☐ Addition
NAME	MICHAEL J. MOORE	42 NAME	
STREET ADDRESS	2240 MORRIS RD 110-407	43 STREET ADDRESS	123 N.W. 13TH STREET, SUITE 300
CITY ST ZIP	FLOWER MOUND TX 75028	44 CITY ST ZIP	BOCA RATON, FLORIDA 33432
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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: _____ April 24, 1995 (407) 391-4012
MANDATORY: TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS ABOVE
DAVID SHAPIRO, VICE PRESIDENT
Date Daytime Phone #

0478449 FP