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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90081 049 ***150.00

						-		
DOCUMENT # P9300061953 1. Corporation Name G.L. HOMES OF SILVER LAKES XIV CORPORATION						O JAROJARA NIK TRAKA NAN ARINA RANTA RANTA RANTA RANTA	I P inal Habiba (D) Di	
Principal Place	e of Business	Mailing Address						
1401 UNIVERSITY DR 1401 UNIVERSITY DR					ļ			
SUITE 200 SUITE 200							2 204 25	
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			71		<u> </u>	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	S SPACE	
						09/03/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				65-0438794		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired	\$8.75 / Fee Re	
22		City & State						
City & Stat	e	City & State			ĺ	6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	itangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		-		10. Name and Address of New Registered	Agent	
ODANIT MADIA				81 Name	,			İ
GRANT, MARK				82 Street	Address	(P.O. Box Number is Not Acceptable)		
C/O RUDEN BARNETT								
200 E. BROWARD BOULEVARD FT. LAUDERDALE FL 33302				83				
FI. LAUDERDALE FL 33302				84 City		FI	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				<u> </u>				ragistared
í office or r	egistered agent, or both, in the State o	of Florida. Such change was	authorized	d by the corp	corporation's	tion submits this statement for the purpose of board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	Iorida Stat	utes.			•	}
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NO	TE: Panieteror	d Agent signature	required who	en reinstating) DATE		\
12.	OFFICERS ANI	``	13.	- ragoni organica		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1,1 T/	TLE			☐ Change	☐ Addition
NAME	EZRATTI, ITZHAK		1.2 N	AME				ļ
STREET ADDRESS	1401 UNIVERSITY DR., #200		1.3 S	TREET ADDRESS	s			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 C	ITY-ST-ZIP	.].			
TITLE	VS	☐ DELETE	2.1 TI	TLE			Change	Addition
NAME	FANT, ALAN		2.2 N	AME	1			}
STREET ADDRESS	1401 UNIVERSITY DR., #200		2.3 \$	TREET ADDRESS	3]
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.40	CITY-ST-ZIP	-			<u>_</u>
TITLE	VT	☐ DELETE	3.1 TI	TILE		•	☐ Change	☐ Addition
NAME	COSTELLO, RICHARD		3.2 N	AME				
STREET ADDRESS			3.3 \$	TREET ADDRESS	3			
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP	ļ			
TITLE	V	□ DELETE	4.1 TI				☐ Change	☐ Addition
NAME	NORWALK, RICHARD			IAME				
STREET ADDRESS	1401 UNIVERSITY DR., #200			TREET ADDRESS	3			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	D Se ere	-	ITY-ST-ZIP	 		Change	Addition
TITLE	S	☐ DELETE	5.1 T				□ cuange	
NAME	EZRATTI, MOSTLE		5.2 N	AME TREET ADDRESS	,			
STREET ADDRESS	1401 UNIVERSITY DR., #200			iree i address ity-st-zip	Ί			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	6.1 T		·· 		Change	X Addition
MITE	V ADVIN D		6.2 N		ARK	(IN, RICHARD		
NAME	ARKIN, R		1			- ,		- 1

CITY-ST-ZIP

CORAL SPGS FL 33071

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

1401 UNIVERSITY DR, STE 200

SIGNATURAMINADES

3/15/00

954-753-17<u>30</u>