PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083282

1. Corporation Name

G.L. HOMES OF MIRAMAR CORPORATION

								E 1883/4887 169 46490 11514 88511 401		1188 1171 1		1 # 1101 (BB)	
Principal Place of Business Mailing Address													
1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE					•			•					
STE. 200			STE. 200				Ì	DO NOT WRITE IN THIS SPACE					
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071								3. Date Incorporated or Qualifed					
							-	12/07/1993				-	
Principal Place of Business 2a. Mailing Address								4. FEI Number Applied F				ed For	
_	ace of Edsiriess	\vdash	anny radioss				"	65-0453207				Applicable	
Suite Ant	# oto	26	uite, Apt. #, etc.					0070400207		\$8.7			
Suite, Apt. #, etc.			27				. 5.	Certifcate of Status Desired	×	•	Requ	- 1	
City & State			City & State					Election Campaign Financing			•	ay Be	
			28				6.	Trust Fund Contribution			ed to		
Zip	Country	Zij	n	Cou	ntrv			This corporation owes the curre	nt vear Inte	ngible		-	
·	25 29			30				Personal Property Tax.	in your mic	Yes]No	
24	9. Name and Address of Current		ed Agent	1301			10	Name and Address of New R	egistered A				
	g, Haille and Address of Current	rogiste	ou rigent		81	Name	10.			<u> </u>			
MARI	K GRANT C/O RUDEN BARNETT				_								
200 E BROWARD BOULEVARD					82 Street Addres			P.O. Box Number is Not Accepta	ble)				
	AUDERDALE FL 33302				83								
	ADDLINDALL I E GOODE				03								
7					84	City	<u> </u>		FI	85 Z	Zip Co	de	
		_							<u>FĻ</u>	1 1	. 14		
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607. f Florida	1508, Florida Statul Such change was a	es, the al	ove by t	-named c the corpo	corporation ration's bo	n submits this statement for the pard of directors. I hereby accep	purpose of (t the appoin	changing itment as	j its re s regis	stered	
agent. I ar	n familiar with, and accept the obligation	ons of, Se	ection 607.0505, Flo	rida Statı	ites.				• •		-		
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					Agent	t signature re	quired when		DATE				
12.	OFFICERS AND	DIRECT		13.				ADDITIONS/CHANGES TO OF	ICERS AN				
TITLE	PD			1.1 TI	LE					Chan	ige	Addition	
NAME	ezratti, itzhak			1.2 NA	ME								
STREET ADDRESS	1401 UNIVERSITY DR / STE 200)		1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CF	Y-ST	ZP							
TITLE	VS		☐ DELETE	2.1 TIT	LE					Chan	ge	Addition	
NAME	FANT, ALAN			2.2 NA	ME							ł	
STREET ADDRESS	1401 UNIVERSITY DR / STE 200)		2.3 ST	REET	ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL		-	2.4 C	TY-\$1	T-ZIP		-		-		-	
TITLE	٧ī		☐ DELETE	3.1 TI	LE					☐ Chan	ig e	Addition	
NAME	COSTELLO, RICHARD A			3.2 NA	ME								
STREET ADDRESS	1401 UNIVERSITY DR / STE 200)		3.3.51	REET	ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL	•		3.4. C		- 1							
TITLE	V		☐ DELETE	4.1 TI	_	-				Chan	nge	☐ Addition	
NAME	NORWALK, RICHARD M			4.2 N						=		ļ	
	1401 UNIVERSITY DR #200			1		ADDRESS						1	
STREET ADDRESS						1							
CITY-ST-ZIP	CORAL SPRINGS FL		☐ DELETE	4.4 CI 5.1 TI	TY-\$T	-217				Chan	nge	Addition	
TITLE	S HOOLE			5.1 II		1					J -		
NAME	EZRATTI, MOSHE					ADDRESS							
STREET ADDRESS	1401 UNIVERSITY DR #200					ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL			5.4 CI		- ZIP	,-		···	X Chan	200	Addition	
TITLE	V		☐ DELETE	6.1 TF			Benezer	N DIGILARA		A ∪ ∪nan	-ye	- Anglinous	
NAME	ARKIN, R			6.2 NA			AKKI	N, RICHARD					
STREET ADDRESS	1401 UNIVERSITY DR, STE 200			6.3 ST	REET	ADDRESS							

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CORAL SPGS FL 33071

03/15/99

954-753-1730

FILED

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90063 032 ***158.75