FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90246 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000084172

1. Corporation Name

LENNAR SECURITIES HOLDINGS, INC.

Principal Place of Business Mailing Address					. I INTERIOR IN THE PROPERTY OF THE PROPERTY O	imi ibası mınısı ainla s	
760 NW 107TH AVE 760 NW 107TH AVE						•	
MIAMI FL 33172 MIAMI FL 33172 US US					DO NOT WRITE IN TI	IIS SPACE	
03		00			3. Date Incorporated or Qualifed		
					12/09/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			65-0456219		t Applicable
Suite, Apt.	~~~	Suite, Apt. #, etc.	\sim		5. Certificate of Status Desired	\$8.75 A	
22 5014		27 SUITE SO	<u> </u>				
City & State	o	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	-
Zip	Country	28	Country		This corporation owes the current year		
24	25	29 30	_ <i>'</i>		Personal Property Tax.		□No
24	9. Name and Address of Curre		<u> </u>	_	10. Name and Address of New Register	ed Agent	
	<u> </u>		81	Name	e '		
RUBIN, SHELLY			82	Street	et Address (P.O. Box Number is Not Acceptable)		
760 NW 107TH AVE				5	v1+e300	.	
MIAM	AI FL 33172		83)
			84	City		85 Zip C	Code
		1007 4500 Florid Older	the electric		d corporation submits this statement for the purpose		renistered
l office or n	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autt	nonzea ov	tne cort	poration's board of directors. I hereby accept the ap	pointment as rec	gistered
SIGNATURE							
h	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re ND DIRECTORS	egistered Agen	t signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	D OFFICERS AI	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE ACC	☐ Change	Addition
NAME	MILLER, LEONARD		1.2 NAME				
STREET ADDRESS	700 N.W. 107 AVE.		1.3 STREET	ADDRESS	s	•	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST				,
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition
NAME	RUBIN, SHELLY		2.2 NAME		- 10 300		'
STREET ADDRESS	760 NW 107TH AVE		2.3 STREET	ADDRESS	s Suite 300		ļ
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CITY-S	T-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	Jordan, Margaret		3.2 NAME		1000		
STREET ADDRESS	760 NW 107TH AVE		3.3 STREET	ADDRESS	s suite 300		
CITY-ST-ZIP	MIAMI FL 33172		3.4. CITY-S	T-ZIP	<u> </u>		
TITLE	DCEO	DELETE	4.1 TITLE		DCEO STEVEN J	Change	Addition
NAME	PEKOR, ALLAN J		4. 2 NAME		SAIONTZ, STEVEN J 5760 NW 107 AUR, Ste	314	
STREET ADDRESS	SAIONTZ, STEVEN J.		4.3 STREET	ADDRESS	s 760 NW TO THE		į
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-S	r-zip	Miami, FL 33173	, ~ (70hoore	Addition
TITLE	AS	DELETE	5.1 TITLE		Peta-GAY ARNETT	ilariye	2 AUGUSTI
NAME	MCMICKLE, J. T.		52 NAME	400000	DetA-GAY ARNETT	-	
STREET ADDRESS	760 NW 107TH AVE		5.3 STREET		×	Stiete :	300
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-S' 6.1 TITLE	1-ZIP		Change	☐ Addition
TITLE	l B	☐ DELETE	O, I HILE		1	CT cuantite	

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MILLER, STUART

MIAMI FL

700 N.W. 107TH AVENUE

REMARGARET JORDAN, TREAS. GNING OFFICER OR DIRECTOR