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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000088817 (0)

ORIOLE LIMITED, INC.

FILED
Feb 25 1997 8:00am
Secretary of State

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D -1(F)	- 6 (2) - 2	NA Was Addays				1,000,001,00,00,000,000,000,000,000,000
Principal Place	e of Business	Mailing Address				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	CONGRESS AVENUE	1690 SOUTH CONGRESS A	VENUE			
STE 200 DELRAY BCH	FI DOME	STE 200 DELRAY BCH FL 33445-638	e			
US	rt. 33443	US	•			3. Date Incorporated or Qualified 3a. Date of Last Report
						12/30/1993 03/30/1996
2. Principal F	lace of Business	2a. Mailing Address				4. FEt Number Applied For
21		26				65-0456392 Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				Secretificate of Status Desired \$8.75 Additional
22		27				Fee Required
Cily & State	е	City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zφ	Country	Zip	→ Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 Name and Address of Currer		10		_,	Florida Statutes Yes No Affliated  10. Name and Address of New Registered Agent
		ii negistered Agent		81	Name	10, Name and Address of New Registered Agent
	NEZ, A			•		
	ORIOLE HOMES CORP			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	O S CONGRESS AVE, STE 200		}	83		
DEL	RAY BCH FL 33445		l			
			ĺ	84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the ab	NOVE	a-named cor	
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was au	thorized	by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	m ramiliar with, and accept the oblig	allions of, Section 607.0505, Flori	da Siaii	Jies	5.	
SIGNATURE	Signature, type-t or printed name of registered ag-	enr and tille if applicative (NOTE:	Registered	Age	ent signature requ	ured when reinstating) DATE
12.		D DIRECTORS	13.	··	<u></u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 111	LE		Change Addition
NAME	LEVY, MARK		1.2 NA	ME	Ì	
STREET ADDRESS	1690 SOUTH CONGRESS AV	ENUE	1.3 ST	réet	ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL		1.4 CII	Y-5	T-ZIP	
TITLE	CD	☐ DELETE	21 TIT	LE	ļ	Change Addition
NAME	Levy, Richard D		22 NA	ME		
STREET ADDRESS	1690 SOUTH CONGRESS AV	ENUE	23 ST	AEET	ADDRESS	
CITY-SI-7P	DELRAY BEACH FL		2.4 CI		SY-ZIP	
TITLE	VTD	☐ DELETE	3.1 YIT			Change Addition
NAME	NUNEZ, ANTONIO		3.2 NA			
STREET ADDRESS	1690 SOUTH CONGRESS AV	enue	1		ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	Deser	3.4. CI		ST-ZIP	Change Addition
TITLE	V0	☐ DELETE	4.5 117			☐ Change ☐ Addition
NAME	HUBSHMAN, E E	W-11.12	4 2 N			
STREET ADDRESS	1690 SOUTH CONGRESS AV	ENUE			ADDRESS	
CITY-S1-7IP	DELRAY BEACH FL	T Dri ETE	4.4 CII		7-ZIP	Change Addition
TITLE	SD	DELETE	5.1 TIT			Change Addition
NAME:	LEVY, HARRY A		5.2 NA			
STREET ADDRESS	1690 SOUTH CONGRESS AV	ENUE			ADDRESS	
CHY-ST-ZIP	DELRAY BEACH FL	Price	5.4 CI		T-ZIP	C Change 1 Addition
TITLE		☐ DELETE	6.1 717		1	Change Addition
NAME			62 NA			
STREET ADDRESS					ADDRESS	
City-S1-7#			6.4 CF	۲Y٠S	ST-ZIP	

14. I do hereby certify that the information supplied with the 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 supplient dial 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 reporter of trusteed 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 attackment turn an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/14/97

(561) 274-2000

Daytime Phone ▶