FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 P94000018897 (6) **DOCUMENT #**

ENGLE HOMES/VIRGINIA, INC.

APPROVED AND FILED

1998 APR 23 AN 9: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address							
Principal Place of Business Mailing Address									
123 N.W. 13TH ST. 123 N.W. 13TH ST. SUITE 300 SUITE 300 BOCA RATON FL 33432 BOCA RATON FL 33432									
						3. Date Incorporated or Qualified 03/10/1994			
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0482565		 	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	∑		5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be
Ζφ 24	Country 25	Z _I p 29	Cour	ntry		8. This corporation has liability for Florida Statutes Yes	intangible t		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	legistered	Agent	
				81	Name				
SHAPIRO, DAVID 123 NW 13TH STREET				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33432				В3					
			ľ	84	City		FL	85 Z	ip Code
l or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	 Such change was authoriz 	red by the c	ve-n	named corpo oration's boa	oration submits this statement for the purard of directors. I hereby accept the app	pose of ch ointment as	anging its registered	registered office d agent. I am
SIGNATURE	Signature, typed or printed name of registered agent a	and title fla pplicable (NC	OTE: Registered a	Agen	I signature require	ed when reinslating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
TITLE	DV	DELETE	1. 1 70	TLE				Change	☐ Addition
NAME	ENGELSTEIN, ALEC		1.2 NA	ME		1.00	നവ 1	79	1011
STREET ADDRESS	123 N.W. 13 ST., STE. 300		1.3 \$16	REET	ADDRESS	-04/24	796- <i>-</i>	០រប់ខែ	1911 003
CITY - S1 - ZIP	BOCA RATON FL 33432		1.4 CIT	Y-5	T-ZIP				208.75
TITLE	DV	DELETE	2 1 TIT	TLE				☐ Change	Addition
NAME	KRAYNICK, JOHN A		2.2 NA	ME					
STHEET ADDRESS	123 N.W. 13 ST., STE. 300		2.3 STE	REET	ADDRESS				
City-St-ZIP	BOCA RATON FL 33432		2 4 CIT		T-ZIP				
TITLE	DVST DAVED	DELETE	3 1711				ļ	☐ Change	Addition
NAME	SHAPIRO, DAVID		3.2 NAI						
STREET ADDRESS	123 N.W. 13 ST., STE. 300 BOCA RATON FL 33432		1		ADDRESS				
CHY-ST-ZIP	DOUG RATON FL 33432	DELETE	3.4 CIT	_	T - ZIP			<u> </u>	FT 1222
TITLE	LEINBERGER, BRUCE	DELETE	4.1117				i	Change	Addition
NAME STREET ADDRESS	123 NW 13TH STREET SUITE	300	4 2 NAI		ADDRESS				
	BOCA RATON FL 33432	VVV			ADDRESS				
CITY+ST+ZIP TITLE	233.1121101172 00102	DELETE	4 4 CH 5 1 TH		1-28			Change	Addition
NAME		La occur	5 2 NAI					unange	C) Addition
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5 4 CIT						
THILE		T DELETE	6 1 III		1-\$1F			Change	Addition
NAME		—	6 2 NAI						
STREET ADDRESS					ADDRESS				154.1
CITY-ST-ZIP			6.3 ST						ulder
	y certify that the information supplied w	ith this files is about it. f					07/0// \ FI		- •

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)(k), Florida Statutes. I further certify that the information indicated on this arm all opport 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 to directly of the gropped on or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or 8 k to if changes or of an attachment with an address.

OUT THE THE PRINTED LANG OF SIGNA WHICER OR DIRECTOR

SIGNATURE:

APRIL 11, 1996 (407) 391-4012