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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

98 APR -9 PM 3:31

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name P94000018897 (6)				SECRETARY OF STATE TALLAHASSEE, FLORIDA
ENGLE HOMES/VIRGINIA, INC.				IALLAHASSEE, FLORIDA
				I ADEKIREN AND KOMI EIRAK DOMIN BUKKI BOKKA BANDA ANDA MENDA INDIA INDIA INDIA INDIA INDIA INDIA INDIA
Principal Plac	e of Business	Mailing Address		
123 N.W. 13T		Ü		
SUITE 300	n şı.	123 N.W. 13TH ST. Suite 300		
BOCA RATON	I FL 3 3432	BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address		03/10/1994 4. FEI Number Applied For
21		26		65-0482565 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired XX \$8.75 Additional
22 City & Stat	^	27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. XXYes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
	APIRO, DAVID		81 Name	
	NW 13TH STREET		82 Street A	Address (P.O. Box Number is Not Acceptable)
50	CA RATON FL 33432		83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	orassino positi di directore. Prerepy decept tire appointment as registered
SIGNATURE	Signature, typod or provided name of registered age	rd and title if applicable (NOTE:	Registered Agent signature r	required when reinstating) DATE
12.	· 	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD OV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGELSTEIN, ALEC		1.2 NAME	
STREET ADDRESS	123 N.W. 13 ST., STE. 300 BOCA RATON FL 33432		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	KRAYNICK, JOHN A		2.2 NAME	En orange En Applicon
STREET ADDRESS	123 N.W. 13 ST., STE. 300		2.3 STREET ADDRESS	3000024912138
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CITY - ST - ZIP	300002 49121 38 -04/16/3801107013
TITLE	VSTD	☐ DELETE	3.1 TITLE	****158.75 图 ***********************************
NAME	SHAPIRO, DAVID		3.2 NAME	
STREET ADDRESS	123 N.W. 13 ST., STE. 300		3.3 STREET ADDRESS	
TITLE	BOCA RATON FL 33432	DELETE	3.4. CITY-ST-ZIP 4.1 TiTLE	P
NAME	LEINBERGER, BRUCE	occent	4. 2 NAME	
STREET ADDRESS	123 NW 13TH STREET SUITE	300	4.3 STREET ADDRESS	Leinberger, Bruce 10132 F, Colvin Run Road
CITY-ST-ZIP	BOCA RATON FL 33432	*-*	4.4 CITY - ST - ZIP	Great Falls, Virginia 22066
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	$\Delta\Omega$
STREET ADDRESS			6.3 STREET ADDRESS	(! / /)

14. I hereby certify that the information supplied with this (ling 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 of supplemental angular 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 coproration or the receipt 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 attempt to the control of the coproration of the coproration