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

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000018897**

1. Corporation Name
**ENGLE HOMES/VIRGINIA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 123 N.W. 13TH ST.<br>SUITE 300<br>BOCA RATON FL 33432 | 123 N.W. 13TH ST.<br>SUITE 300<br>BOCA RATON FL 33432 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**03/10/1994**

4. F.E.I. Number
**65-0482565**
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax XX Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip / Country | Zip / Country |
| 24 / 25 | 29 / 30 |

9. Name and Address of Current Registered Agent

**SHAPIRO, DAVID**
**123 NW 13TH STREET**
**BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required before filing)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VD | [ ] DELETE | 11 TITLE | [ ] Change [ ] Addition |
| NAME | ENGELSTEIN, ALEC | | 12 NAME | |
| STREET ADDRESS | 123 N.W. 13 ST., STE. 300 | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 14 CITY-ST-ZIP | |
| TITLE | VD | [ ] DELETE | 21 TITLE | [ ] Change [ ] Addition |
| NAME | KRAYNICK, JOHN A | | 22 NAME | |
| STREET ADDRESS | 123 N.W. 13 ST., STE. 300 | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 24 CITY-ST-ZIP | |
| TITLE | VSTD | [ ] DELETE | 31 TITLE | [ ] Change [ ] Addition |
| NAME | SHAPIRO, DAVID | | 32 NAME | |
| STREET ADDRESS | 123 N.W. 13 ST., STE. 300 | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 34 CITY-ST-ZIP | |
| TITLE | P | [ ] DELETE | 41 TITLE | [ ] Change [ ] Addition |
| NAME | LEINBERGER, BRUCE | | 42 NAME | |
| STREET ADDRESS | 10132 F, COLVIN RUN ROAD | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | GREAT FALLS VA 22066 | | 44 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

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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.

**SIGNATURE:** John A. Kraynick, Vice President 561-391-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #