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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000018902 (4) **DOCUMENT #** 1. Corporation Name

ENGLE HOMES/MARYLAND, INC.

APPROVED AND FILED

96 APR 24 AM IO: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	ce of Business	Maling Address				DANN ADIDI MADI I	ABTAD IDAAA BUAAN AKAA ORBA
123 N.W. 13TH ST. 123 N.W. 13TH ST. SUITE 300 SUITE 300 BOCA RATON FL 33432 BOCA RATON FL 33432							
SOON HATCH 12 WAYE					3. Date Incorporated or Qualified 03/10/1994	3a. Date of Last Report 04/26/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 65-0482568		Applied For
Suite, Apt.	. <b>#, e</b> tc.	Suite, Apt. #, etc.				<del> </del>	Not Applicable \$8.75 Additional
2		27			5. Certificate of Status Desirect	<b>X</b>	Fee Required
City & Star	ite	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	<b>28</b>	Coun	trv	Trust Fund Contribution		Added to Fees
4	25	29	30	y	8. This corporation has liability for it Florida Statutes Yes	ntangibie tax ι • <b>ΙΖΙ</b> Νο	under s. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R		ent
			1	Name		- <del></del>	
	RO, DAVID		<u> </u>	Street Addr	ress (P.O. Box Number is Not Acceptable	le)	
	V 13TH STREET		[_			,	
SUITE 3	300 RATON FL 33432		•	33			
DOUA F	MATUN FL 33432		1	14 City			85 Zip Code
1 Purguent	to the pravisions of Sections 507.05	00 and 007 1500 51-14- 01-	L	<u> </u>	ration submits this statement for the purp		·
	vith, and accept the obligations of, Se	· ·					
	Signature, typed or printed name of registered age			gent signature required		DATE	·
2.	OFFICERS A	ND DIRECTORS	13.		d when ronstaling) ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12
<b>2.</b>	OFFICERS A		13. 1.1 F/L	E		CERS AND DI	RECTORS IN 12 Change Addition
2. TLE AME	OFFICERS A  DV  ENGELSTEIN, ALEC	ND DIRECTORS	13. 1.1 Titl 1.2 NAM	E E		CERS AND DI	·
2. ITLE AME TREET ADDRESS	OFFICERS A	ND DIRECTORS	13. 1. 1 TITL 1.2 NAM 1.3 STR	E E E1 ADORESS		CERS AND DI	·
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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 compretion 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 charved, of on a statechment with an address

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGN

APRIL 11, 1996 (407) 391-4012

Daytime Phone #