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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Fan Leves Comm Land

	1997	DIVISION OF	CORPORATIO	ONS	97 APR -4 A	H 7: 58	
DOCUMENT # P9400018902 (4) ENGLE HOMES/MARYLAND, INC.					SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business Mailing Address							
123 N.W. 13TH ST. 123 N.W. 13TH ST.							
SUITE 300 BOCA RATON	FL 39430	SUITE 300 BOCA RATON FL 33432-1	689				
DOOR INTOIN	1 6 00 102	DOOR PRIOR IC WOOL-I	•••		3. Date Incorporated or Qualified	3a. Date of Last	
Principal Place of Business 2a. Mailing Add			'		03/10/1994 4. FEI Number	04/24/1996	
2. Frincipal riace of outsiness 28. Walling Address 21.							Not Applicable
Suite. Apt	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75	Additional
22 27 City & State City & State						/ 198	Required
23 28			ਕ		6. Election Campaign Financing Trust Fund Contribution		O May Be
Zip	Country Zip		Country	·	8. This corporation has liability for	This corporation has liability for intangible tax under s. 199.032,	
24	g. Name and Address of Current	29 Pagistared Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
CUA	PIRO, DAVID	r vedistaten vilatir	81	Name	10. Name and Address of New Ne	Grateren Wildertr	
	NW 13TH STREET		82	Stroot Add	trace (P.O. Pay Number is Not Accepted	la)	
SUITE 300							
BOCA RATON FL 33432			83				
			84	City		FI 85 Zi	p Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statut	es, the abov	e-named cor	poration submits this statement for the r		its registered
office or re	egistered agent, or both, in the State m tamiliar with, and accept the obligation	of Florida, Such change was alons of Section 607,0505, Fl	authorized by	y the corpora	poration submits this statement for the pation's board of directors. I hereby acception	ot the appointment	as registered
SIGNATURE.		, , , , , , , , , , , , , , , , , , , ,					-
	Signature Typed or printed name of registured agent and title if applicable (NOTE OFFICERS AND DIRECTORS			eni signature requ	ired when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	DV DELETE		13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	ENGELSTEIN, ALEC		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS		9000021341699 8 -04/04/9701091020 8		
CITY - ST - ZIP	BOCA RATON FL 33432		1.4 CITY - 5	ST - ZIP	-04/04/9/U1U31U2U ****165,00 		
TITLE	DA NOTAL VOTAL V	☐ DELETE	2.1 TITLE	-	乔木亦亦 1 (b)).UU (ഇത്തുക	FOOT DAMPITION C
NAME STREET ADDRESS	KRAYNICK, JOHN A 123 N.W. 13TH ST., STE, 300		2.2 NAME	r address			}
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 GITY-	1			
TITLE	VSTD DELETE		3.1 TITLE		9000021	341066	Algelon
NAME			3.2 NAME		-04/04/9701104001		
STREET ADDRESS			3 3 STREET ADDRESS		****21	3.75 ****	**8.75
CITY-SI-7IP	BOCA RATON FL 33432	☐ DELETE	3.4. CITY-	ST-ZIP		Chang	e Addition
TITLE	P Leinberger, Bruce	☐ nereig	4.1 TITLE 4.2 NAME			L_ Ciang	2 Modilion
NAME STREET ADDRESS	LAS DEL CATE ATTACKE ALLEY ASA		•	T ADDRESS			ļ
CITY-ST-ZIP	BOCA RATON FL 33432	•••	4.4 CiTY-5	ł			†
TITLE	, a, a - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DELETE	5.1 TITLE		······································	Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			1	I ADDRESS			1
CITY - ST - ZIP		DELETE	5.4 CITY -	ST-ZIP		Chang	e Addition
TITLE		☐ DETEIF	6.1 TITLE	ļ		LJ CHAIG	2 Madilion
NAME STREET ADDRESS			6.2 NAME	T ADDRESS			
CITY-S1-ZIF			6.4 CITY-	í			ļ
	by certify that the information supplied	with this filing does not qual			ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the

4. I do 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 extrustee 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 papartiachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

John A. Kraynick VP March 1/2, 1997 561 391-4012

Daytime Phone

CR2E034 (9/9

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