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**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-S1-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

APPROVED

1997 APR -4 AM 9: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, 1997 561- 391-4012

0914608

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000018908 (1)

ENGLE HOMES/NORTH CAROLINA, INC. 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 33432-1689 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1994 04/23/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0482564 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent RI Name SHAPIRO, DAVID 123 NW 13TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 **BOCA RATON FL 33432** 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type disk printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONAL ANGEL TO GET DERS AND DIRECTORS IN 18 OFFICERS AND DIRECTORS 13 12 96/6) -04704797--0103dampe 022 Addition DELETE 1.1 TITLE TITLE \*\*\*\*165.00 \*\*\*\*165.00 ENGELSTEIN, ALEC 1.2 NAME NAME CRZE034 123 N.W. 13TH ST., STE. 300 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 000002134180 D۷ TITLE 2.1 TITLE KRAYNICK, JOHN A 2.2 NAME -04/04/97--01104--001 \*\*\*\*218.75 \*\*\*\*\*\*8. 123 N.W. 13TH ST., STE. 300 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*\*8.75 **BOCA RATON FL 33432** 2. 4 CITY-ST-ZIP CHTY - ST - ZIP VSTD DELETE Change Addition TITLE 3.1 TITLE SHAPIRO, DAVID NAME 3.2 NAME 123 N.W. 13TH ST., STE. 300 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition 4.1 TITLE TIFLE MERSKIN, DONALD H 4. 2 NAME NAME FRANKS, TIMOTHY 123 NW 13TH SUITE 300 STREET ADDRESS 4.3 STREET ADDRESS 123 NW 13TH ST. SUITE 300 **BOCA RATON FL 33432** 44 CITY-ST-ZIP CITY-ST-ZiP BOCA RATON, FL 33432 DELETE Change Addition 5.1 TITLE TITLE NAMI 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 received of 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 for the same legal effect as if made under oath; that

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

: John A. Kraynick VP

March