

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000019502 (1)
 1. Corporation Name
LENNAR CENTRAL HOLDINGS, INC.



Principal Place of Business 768 768 N.W. 107TH AVE. MIAMI FL 33172	Mailing Address 768 768 N.W. 107TH AVE. MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0479900	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
 700 N.W. 107TH AVE.
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name **Rubin, Shelly VP-Finance**
 82 Street Address (P.O. Box Number is Not Acceptable)
760 N W 107 AVE
 83
 84 City **Miami** **FL** 85 Zip Code **33172**

11. Pursuant to the provisions of Sections 607.0507 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 *[Signature]* **Shelly Rubin** **3/30/98**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOLOTIN, IRVING	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLE, ROBERT B	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PEKOR, ALLAN J	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SANTAELLA, GRACE	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SALEDA, M.E.	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rubin, Shelly	
2.3 STREET ADDRESS	760 NW 107 AVE	
2.4 CITY-ST-ZIP	Miami FL 33172	
3.1 TITLE	DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAIONTZ, STEVEN J.	
3.3 STREET ADDRESS	760 NW 107 AVE	
3.4 CITY-ST-ZIP	Miami FL 33172	
4.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, STUART A	
4.3 STREET ADDRESS	700 NW 107 AVE	
4.4 CITY-ST-ZIP	Miami FL 33172	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McMickle, J.T.	
5.3 STREET ADDRESS	760 NW 107 AVE	
5.4 CITY-ST-ZIP	Miami FL 33172	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JORDAN Margaret	
6.3 STREET ADDRESS	760 NW 107 AVE	
6.4 CITY-ST-ZIP	Miami FL 33172	

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.

SIGNATURE: *[Signature]* **J.T. McMickle 3/22/98 305/485-2000**

CR2E034 (10/97)