**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90081 001 \*\*\*158.75

## DOCUMENT # P94000040806

1. Corporation Name

G.L. HOMES OF SILVER LAKES XXI CORPORATION

Principal Place of Business Mailing Address						Till Amili Amili I	91911 99191 (411)	MMIND BIN IBBI
1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE								
SUITE 200 SUITE 200								
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
A Britain I B	loop of Dunings	D. Mailian Address	···		05/31/1994 4. FEI Number			-0-4 <b>5</b>
		2a. Mailing Address			65-0497293		<u> </u>	plied For ot Applicable
<u></u>		Suite, Apt, #, etc.	Ant # etc		03-0497293			Additional
22		27			5. Certifcate of Status Desired	<b>X</b>	Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	·
23		28		Trust Fund Contribution		Added	•	
Zip Country		Zip Country		8. This corporation owes the current year Intangible				
24	. 25 29 30		Personal Property Tax.			<b>™</b> Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
81 Name								
GRANT, MARK F			82 Stre	et Addres	ss (P.O. Box Number is Not Accept	able)		
200 EAST BROWARD BLVD.								
15TH FLOOR			83					
FT. LAUDERDALE FL 33301			84 City				85 Zip (	Code
				,		FL	.   03   2.5	0000
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ure required w	ADDITIONS/CHANGES TO OF	DATE	ID DIDECTO	DC IN 12
TITLE	DP STREETS AND	□ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
NAME	EZRATTI, ITZHAK		1.2 NAME					
STREET ADDRESS	1401 UNIVERSITY DRIVE		1.3 STREET ADDRE	:00				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP					
TITLE	VAS	☐ DELETE	2.1 TITLE		- 100		Change	Addition
NAME	FANT, ALAN J		2.2 NAME					
STREET ADDRESS	1401 UNIVERSITY DRIVE		2.3 STREET ADDRE	22:				
CITY-ST-ZIP	CORAL SPRINGS FL 33071	-	2.4 CITY-ST-ZIP			=		
TITLE	VI	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	COSTELLO, RICHARD A		3.2 NAME				_ •	
STREET ADDRESS	1401 UNIVERSITY DRIVE		3.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4. CITY-ST-ZIP		•			
TITLE	V	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	NORWALK, RICHARD		4.2 NAME	- }				
STREET ADDRESS	1401 UNIVERSITY DRIVE		4.3 STREET ADDRE	ess				
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	_				
TITLE	S	☐ DELETE	5.1 TITLE	1			Change	☐ Addition
NAME	EZRATTI, MOSHE		5.2 NAME					
STREET ADDRESS	1401 UNIVERSITY DRIVE		5.3 STREET ADDRE	ss				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		5.4 CITY-ST-ZIP	i				

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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ARKIN, R

1401 UNIVERSITY DR, STE 200

CORAL SPGS FL 33071

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

03/15/99

ARKIN, RICHARD

954-753-1730

☐ Addition

X Change

CR2E034 (11/98)