

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR -4 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000043511 (2)

1. Corporation Name

PARK ENGLE HOMES, INC.

Principal Place of Business

% ENGLE HOMES INC.  
123 N.W. 13TH ST.  
BOCA RATON FL 33432

Mailing Address

% ENGLE HOMES INC.  
123 N.W. 13TH ST.  
BOCA RATON FL 33432-1641

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0496809

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID  
% ENGLE HOMES INC.  
123 N.W. 13TH ST., STE. 300  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. 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. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DV  
NAME ENGLESTEIN, ALEC  
STREET ADDRESS % 123 N.W. 13 ST, STE. 300  
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE P  
NAME ECKBERG, ERIC  
STREET ADDRESS % 123 N.W. 13 ST, STE. 300  
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE DV  
NAME KRAYNICK, JOHN A  
STREET ADDRESS % 123 N.W. 13 ST, STE. 300  
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE VSTD  
NAME SHAPIRO, DAVID  
STREET ADDRESS 123 NW 13TH STREET SUITE 300  
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002134206-04-04/97--01091--030  
\*\*\*\*165.00 \*\*\*\*\*61.25

600002134206-04-04/97--01104--001  
\*\*\*\*218.75 \*\*\*\*\*8.75

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (9/96)