May 04, 1999 8:00 am Secretary of State

05-04-1999 90099 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000073508

1. Corporation Name

K. HOVNANIAN SOUTHEAST FLORIDA, INC.

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SUITE 400			SUITE 400									
W PALM BEACH FL 33409 W PALM BEACH FL 33409						DO NOT WRITE IN THIS SPACE						
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Suite, Apt. #	#, etc.		Suite, Apr. #, etc.				5. Certifca	ate of Status D	Desired			equired
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				8-	<b>4</b>   Ci	ity				FL	85 Zip	Code
11 Pursuant i	to the provisions of Sections 607.0	0502 and 60	07.1508, Florida Statutes	s, the abo	_L ve-na	med corpor	ration submit	ts this stateme	ent for the	purpose of	changing its	s registered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ate of Florid	la. Such change was aut	thorized b	y the	corporation	i's board of o	lirectors. I her	eby accep	t the appoi	ntment as re	egistered
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SIGNATURE	Signature, typed or printed name of registered	agent and title i	fapplicable. (NOTE: F	Registered Ag		nature required v	when reinstating)			DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS			Registered Ag		nature required v		ONS/CHANGE	S TO OFF			
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12.	OFFICERS		CTORS	13.	ent sign	P	ADDITIO		S TO OFF			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MIDDLETOWN NJ.

Jon Rapaport

561-478-0060