FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000014462 (2) **DOCUMENT #**

ENGLE HOMES/NAPLES, INC.

Mailing Address

SIGNATURE

Principal Place of Business

400 NINE ACTULOT

APPROVED AND FILED

1996 APR 23 AM 9: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432		123 N.W. 131H ST. SUITE 300 BOCA RATON FL 33432			Date Incorporated or Qualified 02/21/1995	3a. Date	Date of Last Report			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied	
2. 1 (1) (1) (1) (1) (1) (1)	1000 07 205 7000	26			65-0559002 Not Applicable					
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
3	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible to	ax unde	rs 199.03	32,
Zip !4	25	29	30	-		Florida Statutes	s 💢 No			
<u></u>	g. Name and Address of Currer			_		10. Name and Address of New	Registered	Agent		
				81	Name					
SHAPI	RO, DAVID		}	82	Street A	ddress (P.O. Box Number is Not Accepta	ble)			
	.W. 13TH STREET		Į.							
SUITE			1	B3						
• • • • • •	RATON FL 33432				City			85 Zip Code)
			l	84	,	poration submits this statement for the pu	<u> </u>	-		
SIGNATURE	Signature, typed or printed name of registered agen	and the if applicable. (No	OTE: Registered	Agen	nt signature re	quired when renstating)	DATE COMPANI	D DIDI'	TOPS IN	12
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF		Char		Addition
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NAME	ENGELSTEIN, ALEC			1.2 NAME						
STREET ADDRES			1.3 STREET ADDRESS		ĺ					
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NAME	SHAPIRO, DAVID	123 N.W. 13 ST., STE. 300			T ADODEĆĆ					
STREET ADDRES				TREET ADDRESS						
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NAME				NAME					.∧	14 X 1
STREET ADDRE	ess		1		ET ADDRESS				•	win
CITY-ST-ZIP		I the files in valuatority for	640	CITY-	ST-ZIP	alify for the exemption stated in Section 1	10.07(2)(4)	Elorida 9	Statutos 1	further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, Turner certify that the information indicated on this annual pepart or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual pepart or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter £07, Florida Statutes; and that my name appears in Block 2 or Block 3 if chapted, or din an afterchaent with an address. appears in Block 12 APRIL 11, 1996 (407) 391-4012

Date Daytme Phone #