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

DOCUMENT # P95000014462 (2)

ENGLE HOMES/SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
123 N.W. 13TH ST.	129 N.W. 13TH ST.
SUITE 300	Suite 300
BOCA RATON FL 33432	Boca Raton Fl 33432-1689

APPROVED

1997 APR -4 AM 9: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 123 N.W. 13TH ST. 123 N.W. 13TH ST. SUITE 300 SUITE 300 BOCA RATON FL 33432 BOCA RATON FL 33432-1689											
POUR THE STATE POUR TE STATE POUR THE STATE IN		-1000				Date Incorporated or Qualifie	ualified 3a. Date of Last Report 04/23/1996				
2. Principal	Place of Business	2a, Mailing Address				4	. FEI Number		Applied For		
21		26					65-0559002		Not Applicable		
Suite, Apt	t #, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired	×	\$8.75 Additional Fee Regulred		
Gity & Sta	nte	City & State				6	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z _I p	Country	Zıp 29	-	intry		8	. This corporation has liability f		ole tax under s. 199.032,		
24	25 9. Name and Address of Curre		30	r—		l	Name and Address of New				
ÇLI	IAPIRO, DAVID			81	Name	10	, , 2010 - 1401	3 . 4 . 4 . 4 .			
	3 N.W. 13TH STREET										
	ITE 300			82	Street A	Address (P.O. Box Number is Not Accep	table)			
	ICA RATON FL 33432			83							
DQ	OK NATON IE SOFOE			Ш							
				84	City			F	85 Zip Code		
office or	to the provisions of Sections 607-05t registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was pations of, Section 607.0505, 1	s authorize	d by tutes	the corp	oration's	board of directors. I hereby ac	cept the sy	ppointment as registered		
12.	OFFICERS AN	ID DIRECTORS	13,				ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTORS IN 12		
TOTALE	P	☐ DELETE	1.1 Tt	TLE		PD			Change Addition		
NAME	ENGELSTEIN, ALEC		1.2 N	AME			100002	134	1713 01091021		
STREET ADDRESS			1.3 \$1	TREET	ADDRESS		-04/04	i/97	01091021		
CITY - \$1 - ZIP	BOCA RATON FL 33432		1.4 CI	ITY-S	T-ZIP		*****1	<u>65,00</u>	****165.UU		
TITLE	VST	DELETE	2.1 TI	ITLE		VSID			Change Addition		
NAME	SHAPIRO, DAVID		2.2 N	AME]				Ι\		
STREET ADORESS	1,000		2.3 \$1	TREET	address						
CHTY-ST-Z#*	BOCA RATON FL 33432		2.40	OTTY-S	17-21P						
BILF	V	DELETE	3.1 71	TLE		٧D		•	Change Addition		
NAMÉ	KRAYNICK, JOHN A		3.2 N	AME	{				•		
STREET ADDRESS	1 120 11111 10 111 111 111		335	TREET	ADDRESS						
CITY - ST - ZIP	BOCA RATON FL 33432			CITY-S	T-ZIP		······································				
TIBLE	}	☐ DELETE	4.1 Ti	ITLE	ļ		100002 -04/04	134	Addition Addition		
NAME.			4.2 N		!		-04/04	√97 <u>-</u> 1	01104001		
STREET ADDRESS	; 		4.3 \$	TREET	ADDRESS		****2	18.75	*****8.75		
CITY - S1 - ZIF				HY-S	T - ZIP						
TITLE	}	☐ DELETE	5.1 Ti		1				☐ Change ☐ Addition		
NAME			5.2 N	AME	•						
STREET ADORESS	6		5.3 S	TREET	address						
CITY-ST ZIP	<u> </u>		540	1TY-5	T-ZIP		·············				
BITLE		☐ DELETE	6.1 (1	ITLE	1				Change Addition		
NAME			6.2 N	AME	ĺ				N62010(1		
STREET ADDRESS	s		6.3 S	TAEET	ADDRESS				15. J. a.		
CHY-ST-ZIP	1		6.4 C	ITY-SI	1.719				NI		

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 co-poration or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on a state ment with an address.

SIGNATURE:

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The first of John A. Kraynick VP March 9/, 1997 561-391-4012