

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 APR -9 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000014462 (2)

1. Corporation Name

ENGLE HOMES/SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1995

4. FEI Number

65-0559002

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

XX

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPIRO, DAVID
123 N.W. 13TH STREET
SUITE 300
BOCA RATON FL 33432

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 or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Wolfe, Robert
1.3 STREET ADDRESS 25591 Greenview Drive
1.4 CITY-ST-ZIP Bonita Springs, FL 33923

TITLE VSTD ☐ DELETE

NAME SHAPIRO, DAVID
STREET ADDRESS 123 N.W. 13 ST., STE. 300
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 200002492592--5
-04/17/98--01086--023
2.4 CITY-ST-ZIP ****158.75 ****158.75

TITLE VD ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

John A. Kraynick, Vice President

561-391-4012

CR2E034 (10/97)