

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041954 (5)
1. Corporation Name
LENNAR-CORRY, INC.



Principal Place of Business <i>700</i> 700 N.W. 107 AVENUE MIAMI FL 33172	Mailing Address <i>700</i> 700 N.W. 107 AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/30/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0589132
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WATSKY, MORRIS J ESQ.
700 N.W. 107 AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81. Name <i>Rubin, Shelly VP Finance</i>
82. Street Address (P.O. Box Number is Not Acceptable) <i>760 NW 107 AVE</i>
83. City <i>Miami</i>
84. State FL
85. Zip Code <i>33172</i>

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: *Shelly Rubin* **Shelly Rubin** DATE: **3/30/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLOTIN, IRVING	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLE, ROBERT B	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEKOR, ALLAN J	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, STUART A	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SANTAELLA, GRACE	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	JORDAN, MARGARET		
2.3 STREET ADDRESS	760 NW 107 AVE		
2.4 CITY-ST-ZIP	Miami FL 33172		
3.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Rubin Shelly		
3.3 STREET ADDRESS	760 NW 107 Ave		
3.4 CITY-ST-ZIP	Miami FL 33172		
4.1 TITLE	CEO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	SAIONTZ, Steven J		
4.3 STREET ADDRESS	760 NW 107 AVE		
4.4 CITY-ST-ZIP	Miami FL 33172		
5.1 TITLE	DC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Miller, Stuart A		
5.3 STREET ADDRESS	760 NW 107 AVE		
5.4 CITY-ST-ZIP	Miami FL 33172		
6.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Memickle J.T.		
6.3 STREET ADDRESS	760 NW 107 AVE		
6.4 CITY-ST-ZIP	Miami FL 33172		

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: *J.T. Memickle* **J.T. Memickle** DATE: **3/25/98**

CR2E034 (10/97)