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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012763 (4)

1. Corporation Name
ALBANESE HOMES, INC. II

Principal Place of Business	Mailing Address
3900 SABAL LAKES ROAD DELRAY BEACH FL 33445	3900 SABAL LAKES ROAD DELRAY BEACH FL 33445-1215

3. Date Incorporated or Qualified: 02/09/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 10275 EL CLAIR RANCH
22: Suite, Apt. #, etc.
23: City & State: BOYNTON BCH., FL
24: Zip: 33437
25: Country:

2a. Mailing Address
26: 10275 EL CLAIR RANCH RD.
27: Suite, Apt. #, etc
28: City & State: BOYNTON BCH., FL
29: Zip: 33437
30: Country:

4. FEI Number: 65-0655495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

POPKIN, SHURPIN & MACCARI, P.A.
2499 GLADES ROAD
SUITE 114
BOCA RATON FL 33431

10. **Name and Address of New Registered Agent**

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: Laurie Albanese - V.P. 1/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBANESE, LOURIE L 3900 SABAL LAKES ROAD DELRAY BEACH FL 33445	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ALBANESE, Lourie L - VICE PRESIDENT 10275 EL CLAIR RANCH RD Secretary BOYNTON BCH, FL 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ALBANESE, Lourie~~ Stephen ~~10275 EL CLAIR RANCH RD.~~ ~~BOYNTON BCH, FL 33437~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ALBANESE, STEPHEN - PRESIDENT 10275 EL CLAIR RANCH RD BOYNTON BCH, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E031 (9/96)

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 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: Laurie Albanese 1/20/97 561-738-2813