


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90007 029 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000022573					
1. Corporation Name G.L. HOMES OF BOCA RATON III CORPORATION					
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071			Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/12/1996	
				4. FEI Number 65-0670773	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GRANT, MARK K 200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZRATTI, ITZHAK		1.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DR STE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRGS FL 33071		1.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANT, ALAN		2.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DR STE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRGS FL 33071		2.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTELLO, RICHARD		3.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DR STE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRGS FL 33071		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORWALK, RICHARD		4.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DR STE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRGS FL 33071		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZRATTI, MOSHE		5.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DR STE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARKIN, R		6.2 NAME	ARKIN, RICHARD	
STREET ADDRESS	1401 UNIVERSITY DR, STE 200		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL 33071		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD NORWALK, VICE PRESIDENT

03/15/99

Date

954-753-1730

Daytime Phone #

CR2E034 (11/98)

0168231