

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

FILED
May 07 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 # P96000026088 (0)
1. Corporation Name
G.L. HOMES OF BOYNTON BEACH 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/25/1996		4. FEI Number 65-0668029		Applied For 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		7. 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 GRANT, MARK F 200 EAST BROWARD 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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTELLO, ALAN			2.2 NAME	VS FANT, ALAN		
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 SPRGS FL 33071			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	RICHARD ARKIN		
STREET ADDRESS				6.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, STE 200		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071		

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: _____ 4/21/98 (954) 753-1730

CR2E034 (10/97)