

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000073296 (1)

1. Corporation Name
~~GL HOMES OF NORTH 29 CORPORATION~~
NORTH 29 CORPORATION

Principal Place of Business
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071-8906



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1996		3a. Date of Last Report N/A	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0703896		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GRANT, MARK F
200 EAST BROWARD BOULEVARD
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 _____ 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	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	EZRATTI, ITZHAK
STREET ADDRESS		1.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	FANT, ALAN
STREET ADDRESS		2.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	COSTELLO, RICHARD
STREET ADDRESS		3.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	NORWALK, RICHARD
STREET ADDRESS		4.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	EZRATTI, MOSHE
STREET ADDRESS		5.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____

CR2E034 (9/96)