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

FLORIDA DEPARTMENT OF ATATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 98 JUL 30 PH 1420 P97000068649 (7) DOCUMENT #

1. Corporation Name CLUNETART OF STATE TALLAHASSEE, FL**ORI**DA ZUCKERMAN HOMES AT ANDROS ISLE, INC. Principal Place of Business Mailing Address 0650 NW 4181 8TREET 6650 NW 41ST STREET CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 6351 San Michel Way 6351 San Michel Way Not Applicable Suite, Apt. #, otc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Delray Beach, Delray Beach, FL FL Trust Fund Contribution Added to Fees Country Country ŽiD Zip 8. This corporation owes or has paid the ourrent year Intangible 33484 33484 Yes 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HODKIN. PETER M 210) WEST COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 4100** 83 FORT LAUDERDALE FL 33309 R4 City Zip Code 65 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 Jamiliar 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition 1.1 TITLE ZUCKERMAN, ANDREW NAME 1.2 NAME 6650 NW 41ST STREET 6351 San Michel Way STREET ADDRESS 1.3 STREET ADDRESS Delray Beach, FL 33484 **CORAL SPRINGS FL 33067** 1.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE ZUCKERMAN, DAVID 2.2 NAME NAME 6650 NW 41ST STREET 6351 San Michel Way STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL 33067** 2. 4 CITY-ST-ZIP Delray Beach, FL 33484 CITY-ST-ZIP DELETE X Change Addition TITLE 3.1 TITLE ZUCKERMAN, STEVEN NAME 3.2 NAME 6650 NW 41ST STREET STREET ADDRESS 3.3 STREET ADDRESS 6351 San Michel Way CORAL SPRINGS FL 33087 Delray Beach, FL 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS B0000260**3**798--8 -07/31/98-**010**314me**001**44dilion ****150.0**0** ****150.00 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eath; 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 chapter 607, or on an attachment with an address.

6-30-28