

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90009 023 ***150.00

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DOCUMENT # P97000069571

1. Corporation Name
LENNAR FINANCIAL SERVICES, INC.

Principal Place of Business
760 NW 107 AVENUE
MIAMI FL 33172

Mailing Address
730 N.W. 107 AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0774024

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 730 NW 107 Avenue

Suite, Apt. #, etc.

22 City & State
23 Miami FL

24 Zip 33172 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B ESQ.
700 N.W. 107 AVE.
MIAMI FL 33172

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

TITLE D ☐ DELETE
NAME PEKOR, ALLAN J
STREET ADDRESS 730 NW 107 AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE
NAME REED, LINDA
STREET ADDRESS 730 NW 107 AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE
NAME KAMINSKY, NANCY
STREET ADDRESS 730 NW 107 AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE SV ☐ DELETE
NAME MODIST, DEBRA
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE TV ☐ DELETE
NAME MUNOZ, JANICE
STREET ADDRESS 700 NE 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE AS ☐ DELETE
NAME TEIXEIRA, LINDA
STREET ADDRESS 700 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCP ☒ Change ☐ Addition
1.2 NAME Pekor, Allan J.
1.3 STREET ADDRESS 730 NW 107 Avenue
1.4 CITY-ST-ZIP Miami FL 33172

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME Reed Linda
2.3 STREET ADDRESS 730 NW 107 Ave
2.4 CITY-ST-ZIP Miami FL 33172

3.1 TITLE DV AS ☒ Change ☐ Addition
3.2 NAME Kaminsky, Nancy
3.3 STREET ADDRESS 730 NW 107 Ave.
3.4 CITY-ST-ZIP Miami FL 33172

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra Modist 1/12/99 305-229-6400

Date

Daytime Phone #

CR2E034 (11/98)