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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V24079 (8)  
1. Corporation Name  
LENNAR FUNDING CORPORATION

Principal Place of Business  
730 NW 107 AVENUE  
MIAMI FL 33172

Mailing Address  
730 NW 107 AVENUE  
SUITE 110  
MIAMI FL 33172-3104  
US

3. Date Incorporated or Qualified 03/26/1992 03/30/92 3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 700 N.W. 107 Avenue  
Suite, Apt. #, etc.  
22  
City & State  
23 Miami, FL.  
Zip  
24 33172  
Country  
25 US

2a. Mailing Address  
26 700 N.W. 107 Avenue  
Suite, Apt. #, etc.  
27  
City & State  
28 Miami, FL.  
Zip  
29 33172  
Country  
30 US

4. FEI Number 65-0326984 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J.  
700 NW 107 AVENUE  
MIAMI FL 33172

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	REED, LINDA	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MODIST, DEBRA	
STREET ADDRESS	700 NW 107TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEKOR, ALLAN J	
STREET ADDRESS	700 NW 107TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	CDP	<input type="checkbox"/> DELETE
NAME	SAIONTZ, STEVEN J.	
STREET ADDRESS	700 NW 107 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KAMINSKY, NANCY	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  Debra Modist 1-13-97 (305)779-1400

CR2E034 (9/96)