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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61437

(2)

ENGLE HOMES/DADE, INC.

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SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business		Mailing Address			T TOUTH BILLION CITAL LIGHT BILLEO HANK HARK CITAL BIRTH BIRTH GIRLL HARL HARL			
123 N.W. 13TH ST. 123 N.W. 13TH ST. SUITE 300 SUITE 300						Deprovated or Qualified   3a, Date of Last Report   1992   04/24/1996		
BOCA RATON FL 33432		BOCA RATON FL 33432-1689						
					<ol> <li>Date Incorporated or Qualified 09/02/1992</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	.4	Applied For	
21		26			65-0357420		Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contitionto of Status Desired	K/I	\$8.75 Additional	
22		27			8. Certificate of Status Desired	<u> </u>	Fee Required	
City & State	9	City & State			6. Election Campaign Financing	_	\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation has liability for i	ptangible ta:	k under s. 199.032	
24	25	29	30					
	g, Name and Address of Currer	nt Registered Agent	81	1 11	10. Name and Address of New Re	gistered Ag	ent	
	IPIRO, DAVID	•	01	Name				
123 NW 13TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
	TE 300							
BOC	CA RATON FL 33432		83					
			84	City			85 Zip Code	
						FL		
11. Pursuant t	to the provisions of Sections 607.050	32 and 607.1508, Florida State	utes, the abov	e-named cor	poration submits this statement for the p	ourpose of ch	ranging its register	
agent La	rn familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Statute	s.	mons board or directors. Thereby accep	or rine appoil	dilibilit ta leftiatoic	
SIGNATURE								
	Signature, type-d or printed name of registered ag-		OTE: Registered Ag	ent signature requ	lred when reinstating)			
12.		ID DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS IN 12	
THILE	DP	DELETE	1.1 TITLE	l I	Director/Wiss Brook	ant (X	Change L Add	
NAME	ENGELSTEIN, ALEC		1.2 NAME	_	Vice Presid	Jent		
STREET ADDRESS	123 N.W. 13 ST, STE 300		1.3 STREE	r address				
CITY-ST-ZIP	BOCA RATON FL		1.4 CiTY-1	ST-ZIP	1000021	<u>, ={ +} ]</u>		
TITLE	DV	DELETE	2.1 TITLE		~U4/U4/ datatas 1€1	2 00 7 3101	Jognanger U LLI Add	
NAME	ENGELSTEIN, HARRY		2.2 NAME		非常要求 T (2)	5.UU 7	:****IDD**NO	
STREET ADDRESS	123 N.W. 13 ST, STE 300		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	BOCA RATON FL		2 4 CITY-	ST-ZIP				
TITLE	DVST	☐ DELETE	31 TITLE					
NAME	SHAPIRO, DAVID		3.2 NAME		-U4/U4/1	3(01]	(U4UU1 @####6 ⊃∈	
STREET ADDRESS	123 N.W. 13 ST, STE 300		3 3 STREE	T ADDRESS	亦示示示 <u>(</u> ↓i	0.10 7	·*******O. [3	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP				
TITLE	DV	DELETE	4.1 TITLE				J Change [_] Add	
NAME	KRAYNICK, JOHN A		4.2 NAME					
STREET ADDRESS	123 N.W. 13TH ST., #300		4.3 STREE	T ADDRESS				
CITY-ST-ZiP	BOCA RATON FL 33432		4.4 CITY~	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	7.3	lrector/President		Change Add	
NAME			5.2 NAME				•	
STREET ADDRESS			5.3 STREE		cunning, Geoffrey	^		
CITY-ST-ZIP			5.4 CITY-		23 N.W. 13 St. Ste 300			
TITLE		DELETE	6.1 TITLE	BC	oca Rator, FL 33432		Change Add	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY - ST - ZIP			6.4 CITY-					
	by certify that the information supplie	ed with this filing does not qui			ed in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that the	

Too hereby ceruly that the information supplied with this pling does not quarity for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report er 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 of the previously 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 that are attained with an address.

CNATURE:

SIGNATURE:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR