

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 328092 (2)**

1. Corporation Name  
**D AND M MOBILE HOME PARK, INC.**



Principal Place of Business: **3600 S.E. MARIPOSA AVE., LOT B PORT ST LUCIE FL 34952-7413**  
Mailing Address: **3600 S.E. MARIPOSA AVE., LOT B PORT ST LUCIE FL 34952-7413**

3. Date Incorporated or Qualified: **03/28/1968**  
3a. Date of Last Report: **03/07/1995**  
4. FEI Number: **59-1267836**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WININGER, DONALD V  
3600 SE MARIPOSA AVENUE  
PORT ST LUCIE FL 34952**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> DELETE
NAME	WININGER, MARYJANE	
STREET ADDRESS	3600 SE MARIPOSA AVE	
CITY - ST - ZIP	PT ST LUCIE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WININGER, MARVIN Z	
STREET ADDRESS	3600 SE MARIPOSA AVE	
CITY - ST - ZIP	PT ST LUCIE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WININGER, MARVIN Z	
STREET ADDRESS	3600 SE MARIPOSA AVE	
CITY - ST - ZIP	PT ST LUCIE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WININGER, DONALD V	
STREET ADDRESS	3600 SE MARIPOSA AVE	
CITY - ST - ZIP	PT ST LUCIE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WININGER, LOIS	
STREET ADDRESS	3600 SE MARIPOSA AVE	
CITY - ST - ZIP	PT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donald V Winger* 3/1/96 (407) 335-4213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)