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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 328092

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1968

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V DELETE
NAME WININGER, MARYJANE
STREET ADDRESS 3600 SE MARIPOSA AVE
CITY-ST-ZIP PT ST LUCIE, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME WININGER, MARVIN Z
STREET ADDRESS 3600 SE MARIPOSA AVE
CITY-ST-ZIP PT ST LUCIE, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME WININGER, MARVIN Z
STREET ADDRESS 3600 SE MARIPOSA AVE
CITY-ST-ZIP PT ST LUCIE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME WININGER, DONALD V
STREET ADDRESS 3600 SE MARIPOSA AVE
CITY-ST-ZIP PT ST LUCIE, FL 00000

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

TITLE V DELETE
NAME WININGER, LOIS
STREET ADDRESS 3600 SE MARIPOSA AVE
CITY-ST-ZIP PT ST LUCIE FL

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

TITLE DELETE
NAME
STREET ADDRESS
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: Donald V. Winger, PRES. REQUIRED

4/1/99

(561) 335-4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)