

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 391961 (0)**  
1. Corporation Name  
**AQUA GOLF MOBILE HOMES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1918 HARRISON ST  
114  
HOLLYWOOD FL 33020  
US**

Mailing Address  
**P.O. BOX 248  
BOX 248  
HALLANDALE FL 33008-0248  
US**

3. Date Incorporated or Qualified  
**11/29/1971**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25.

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. 30.

4. FEI Number  
**59-1596864**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SCHWIND, GEORGE  
500 AUSTRALIAN AVENUE S.  
SUITE #600  
W. PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PD                            | <input type="checkbox"/> DELETE |
| NAME           | CURCIE, NADINE                |                                 |
| STREET ADDRESS | 1918 HARRISON ST., SUITE #114 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL                  |                                 |
| TITLE          | VPD                           | <input type="checkbox"/> DELETE |
| NAME           | CURCIE, JOSEPH E              |                                 |
| STREET ADDRESS | 876 PALM COURT                |                                 |
| CITY-ST-ZIP    | GOODLAND FL                   |                                 |
| TITLE          | VPD                           | <input type="checkbox"/> DELETE |
| NAME           | CURCIE, ROSE M                |                                 |
| STREET ADDRESS | 1970 SOUTH PARK ROAD          |                                 |
| CITY-ST-ZIP    | PEMBROKE PARK FL              |                                 |
| TITLE          | STD                           | <input type="checkbox"/> DELETE |
| NAME           | MASHAMESH, PATSEY             |                                 |
| STREET ADDRESS | 1918 HARRISON ST., #114       |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL                  |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | HILL, MICHAEL W               |                                 |
| STREET ADDRESS | 900 E ATLANTIC AVE, #13       |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL               |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | ENGLAND, CONNIE               |                                 |
| STREET ADDRESS | 1326 LAKECREST DR             |                                 |
| CITY-ST-ZIP    | NORMAN OK                     |                                 |

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 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: *[Signature]* 11/29/98 1-951-913-6484

CR2E034 (10/97)