

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052825 (3)**

1. Corporation Name  
**SELECT MOBILE HOME SALES, INC**



Principal Place of Business: **2480 EAST BAY DR., STE A-5 LARGO FL 34641**  
Mailing Address: **2480 EAST BAY DR., STE A-5 LARGO FL 34641**

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

3. Date Incorporated or Qualified: **07/03/1995** 3a. Date of Last Report  
4. FEI Number: **65-0238368** Applied For Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statute:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**FORD, EDWIN I  
2310 WEST BAY DR.  
LARGO FL 34640**

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

11. Pursuant to the provisions of Sections 607.0500 and 607.1700, 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 607.0500, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARMADELLA, JAMES	
STREET ADDRESS	1412 COLUMBIA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARMADELLA, EVA	
STREET ADDRESS	1412 COLUMBIA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CARMADELLA, POLLIE B	
STREET ADDRESS	1412 COLUMBIA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS  

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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(2)(k), Florida Statutes. I further certify that the information submitted 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 relevant entity being reported as required by section 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as a registered agent with an address.

SIGNATURE: Date: **3/25/96** **813-538-9877**

CR2E034 (12/95)