

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90085 011 ****13.75
 04-01-1999 90085 012 ****150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000062578

1. Corporation Name
ALPINE COUNTRY MOBILE HOMES, INC.

Principal Place of Business 1901 W CYPRESS CREEK ROAD SUITE 406 FT LAUDERDALE FL 33309-1864	Mailing Address 1901 W CYPRESS CREEK ROAD SUITE 406 FT LAUDERDALE FL 33309-1864
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1998

2. Principal Place of Business 21 5350 10th Ave North (Suite) Apt. #, etc. 22 Seven City & State 23 Greenacres Fla Zip 24 33463 25 Palm Beach	2a. Mailing Address 26 5350 10th Ave North (Suite) Apt. #, etc. 27 Seven City & State 28 Greenacres Fla Zip 29 33463 30 Palm Beach	4. FEI Number ✓ 65-0852511	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHOSID, RICHARD G ESQ
 1901 W CYPRESS CREEK ROAD SUITE 406
 FT LAUDERDALE FL 33309-1864

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOSID, RICHARD G ESQ	
STREET ADDRESS	1901 W CYPRESS CREEK ROAD SUITE 406	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-1864	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pres Joseph Ward	
1.3 STREET ADDRESS	5350 10th Ave N	
1.4 CITY-ST-ZIP	Greenacres, Fla 33463 suite 7	
2.1 TITLE	Secy Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Todd H. Ward	
2.3 STREET ADDRESS	5350 10th Ave N	
2.4 CITY-ST-ZIP	Greenacres, Fla 33463 suite 7	
3.1 TITLE	R. Schiero Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	5350 10th Ave North	
3.3 STREET ADDRESS	Greenacres, Fla 33470	
3.4 CITY-ST-ZIP	Suite 7	
4.1 TITLE	Richard Moore Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5350 10th Ave N	
4.3 STREET ADDRESS	Greenacres, Fla 33470	
4.4 CITY-ST-ZIP	Suite 7	
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, with all other like empowered.

SIGNATURE: **TODD WARD** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1-30-99** Daytime Phone #: **561-357-0102**

CR2E034 (1/198)