

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S16716 (0)

1. Corporation Name
LEISURE HOMES MOBILE HOME PARK, INC.



Principal Place of Business: **2100 HWY. 92 W. WINTER HAVEN FL 33881**
Mailing Address: **PO BOX 1679 AUBURNDALE FL 33823-1679 US**

3. Date Incorporated or Qualified: **11/30/1990**
3a. Date of Last Report: **03/08/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-3041860	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		Zip	
City & State		City & State		Zip		Country		Zip		Country		Zip	

9. Name and Address of Current Registered Agent

**VERPLANCK, JAMES
3525 BRIDGEFIELD DRIVE
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81	Name	VERPLANCK, JAMES
82	Street Address (P.O. Box Number is Not Acceptable)	3525 BRIDGEFIELD DRIVE
83		
84	City	LAKELAND
85	Zip Code	FL 33803

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MAROWSKA, ROBERT	1.2 NAME	
STREET ADDRESS	31 WINDEMERE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE PT.FARMS MI	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERPLANCK, WILLIAM	2.2 NAME	
STREET ADDRESS	6713 ENGLELAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD VERPLANCK, JAMES	3.2 NAME	
STREET ADDRESS	3525 BRIDGEFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **2/20/98** DAYTIME PHONE # _____

CR2E034 (12/95)