

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:05

DOCUMENT # **216584** (3)
1. Corporation Name
SILVER PALM MOBILE PARK INC

Principal Place of Business
**14390 MUSTANG TR
FT LAUDERDALE FL 33330
US**

Mailing Address
**14390
14390 MUSTANG TR
FT LAUDERDALE FL 33330
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1958** 3a. Date of Last Report **07/28/1994**

4. FEI Number **59-0931877** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business **21** 2a. Mailing Address **26**

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

City & State **23** City & State **28**

Zip **24** Country **25** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**GREFE, WILLIAM
14390 MUSTANG TRAIL
FT LAUDERDALE FL 33330**

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 607.0509, Florida Statutes.

SIGNATURE *William Grefe* *Secy* **5-25-94**
Signature, typed or printed name of registered agent and the # of shares (NOTE: Registered Agent signature required when in state) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DORN, J K**
STREET ADDRESS **14390 MUSTANG TRAIL**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE **ST**
NAME **GREFE, WILLIAM**
STREET ADDRESS **14390 MUSTANG TRAIL**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **D**
NAME **GREFE, WILLIAM**
STREET ADDRESS **14390 MUSTANG TRAIL**
CITY - ST - ZIP **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this or any other 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, in or in attachment with an address.

SIGNATURE: *William Grefe* *Secy* **5-25-95** **306**
Signature, typed or printed name of signing officer or director (Date) (Typed Name)