

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 216584
 1. Corporation Name
Silver Palm Mobile Park INC

Principal Place of Business Mailing Address
14390 MUSTANG TRAIL *Same*
FT. LAUD. FLA. 33330

21. Principal Place of Business <i>14390 Mustang Trail</i>	2a. Mailing Address <i>Same</i>
22. Suite, Apt #, etc <i>107</i>	27. Suite, Apt #, etc. <i>1</i>
23. City & State <i>77 Lauderdale FL</i>	28. City & State <i>1</i>
24. Zip <i>33330</i>	29. Zip <i>33330</i>
25. Country <i>BROWARD</i>	30. Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10-24-58

4. FEI Number <i>59-0931877</i>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

WILLIAM GREFE, Sec. Treas.
14390 Mustang Trail
774 Lauderdale, Fla. 33330

10. Name and Address of New Registered Agent

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

FL

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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>JOSEPH K. DORN, PRES.</i>	<input type="checkbox"/> DELETE
NAME	<i>3079 Cashill Blvd.</i>	
STREET ADDRESS	<i>Reno, Nevada 89509</i>	
CITY-ST-ZIP		
TITLE	<i>Sec. Treas.</i>	<input type="checkbox"/> DELETE
NAME	<i>WILLIAM GREFE</i>	
STREET ADDRESS	<i>14390 MUSTANG TRAIL FT. LAUD.</i>	
CITY-ST-ZIP	<i>FLA. 33330</i>	
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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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 manager, trustee, or employee authorized 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 application in an address.

SIGNATURE: *William Grefe Sec Treas 4-3-98*

CR2E034 (10/97)