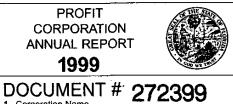
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90263 026 ***150.00

COMMUI	NITY TRAILER PARK, INC.						
Principal Place	e of Business	Mailing Address .			* ************************************	Q(Q() Q(Q)) BIBH BH	DI) BIBIL 1881
635 E EAU GALLIE BLVD 635 E EAU GALLIE BLVD							
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					08/02/1963		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			59-1011299		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- 45		\$8.75 Ac	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	•
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year in		⊐No
24	9. Name and Address of Curren		0		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curren	t Kedisteren villerit	81	Name	To. Hame disc your source of		
	NS,RUBY		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
635 E EAU GALLIE BLVD SATELLITE BEACH FL 32937			83				
	•		84	City	EI	85 Zip C	ode
			10.00		orporation submits this statement for the purpose of	e	egistered
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	/ the corpor	ation's board of directors. I hereby accept the appo	intment as reg	istered
SIGNATURE					uuired when reinstating) DATE		
				ent signatura reg			
	Signature, typed or printed name of registered ager			- In signature req	in our minimum and in a second	ND DIRECTOR	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: F	13.	, signalars (c	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12. TITLE	OFFICERS AN	D DIRECTORS	13.		in our minimum and in a second		
12. TITLE NAME	PD GOINS,RUBY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		in our minimum and in a second		
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6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

<u>50185</u>