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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		200 m 60	DIVISION OF CORPORATIONS							
		74467	(0)							
. Corporatio	n Name HEASTERN MOBIL	F HOMES, INC.	` '							
0001	HEROTETHIN MOOIL	L (TOMICO, 1110.								
rincipal Plac	e of Business	Madu	ng Address							
150 NW 68TH ST. FT LAUDERDALE FL 33309			150 NW 68TH ST. FT LAUDERDALE FL 33309							
ri uxuucn	DALE PL 33309	rı	CHOUSENUALE FL SA	3303		3. Date Incorporated	or Oualfed	3a, Date	of Last Be	nort
						10/08/1963			/17/199	
Principal P	lace of Business	2a. N	failing Address			4. FEI Number 59-106116	rs S			pplied For lot Applicabl
Sute, Apt.	#, etc.		iuita, Apt. #, etc.			5. Certificate of Statu				Additional
1 1 2 2 .		27								tequired
City & Stat	le	28	City & State			6. Election Campaign Trust Fund Contrib	~			May Be to Fees
Zιρ	Country	2	φ	Country	У	8. This corporation h			under s	199.032,
	9 Name and Addres	29 ss of Current Registe	red Agent	30		Florida Statutes 10. Name and Addre	Yes ss of New F		gent	
	<u> </u>			81	Name				<u></u>	
	rank Jr.,			82	2 Street A	ddress (P.O. Box Number is	Not Acceptat	ole)		
	N 68TH ST. Lauderdale fl			83	3					
roni	DAUDENDALE FL								05 7m	Code
				84	City			FL	85 Zip	Code
or registe familiar v	to the provisions of Section fred agent, or both, in the livith, and accept the obligat	State of Florida. Such c	hange was authorize	ed by the con	named cor poration's t	rporation submits this statem oua o of directors. I hereby ac	ant for the pur scept the app	rpose of char ointment as r	nging its re egistered	egistered offi agent. I am
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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 it 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, order an attachment with an address

SIGNATURE:

NATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-17-96 SSA-M-6363

CR2E034 (12/95)