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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 274467

-	EASTERN MOBILE HOMES,	INC.				
Principal Plac	e of Business	Mailing Address		I TODIJO IIGII SEGII EIGII GIDIO	BALLA ADDI MADAL DADIL DADIA MADA	01011 3101) 106)
150 NW 68TH FT LAUDERDAN	ST.	150 NW 68TH ST. FT LAUDERDALE FL 33309		DO NOT WE	RITE IN THIS SPACE	
	·			Date Incorporated or Qualife     10/08/1963		
	N CD	On Bartling Address		4. FEI Number		antiad Far
_	Place of Business	2a. Mailing Address		59-1061166		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		- I	\$8.75	Additional
22	· #, 616.	27		5. Certifcate of Status Desired		equired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the cu	rrent year Intangible	
24	25	29 3	ō	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent	
	1000年		81 Name			
	KFRANK JR.,	N/C	82 Street Add	ress (P.O. Box Number is Not Accep	otable)	<del> </del>
	1444 00111 01.	19 P. M.		A Company of the Comp		CONTRACTOR CONTRACTOR
FOR	rt Lauderdale Fl		83			
	·		84 City	40 % 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Code
455 1 . 30V 4		det Common to	`     '		FL	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for th	e purpose of changing it	s registered
onice or i	registered agent, or both, in the State					egistered l
ayem. 1 a	am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	nonzed by the corporati la Statutes.	on's board of directors, I hereby acc	ept the appointment as r	egistered
Ū	am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	nonzed by the corporation in Statutes.	on's board of directors. I hereby acc	_	egistered
SIGNATURE	am familiar with, and accept the obligation in the state of section and section in the state of section and section in the sec	tions of, Section 607.0505, Florid  and title if applicable. (NOTE: R	a Statutes.	nd when reinstating)	DATE	
SIGNATURE	am familiar with, and accept the obliga  Signature, typed or printed name of registered ager  OFFICERS AN	tions of, Section 607.0505, Florid  nt and title if applicable. (NOTE: R  ID DIRECTORS	egistered Agent signature require	ad when reinstating) .  ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	am familiar with, and accept the obliga  Signature, typed or printed name of registered ager  OFFICERS AN	tions of, Section 607.0505, Florid  and title if applicable. (NOTE: R	egistered Agent signature require  13.  1.1 TITLE	nd when reinstating)	DATE	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Stgnature, typed or printed name of registered ager OFFICERS AN SD BATES, SALLYE O. 150 NW 68TH ST FORT LAUDERDALE FL	tions of, Section 607.0505, Florid  and title if applicable. (NOTE: R  ID DIRECTORS  DELETE	a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) .  ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIRECT	ORS IN 12
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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 with all other like empowered

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FT LAUDERDALE FL

□ DELETE

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90020 030 \*\*\*150.00

☐ Change

☐ Addition