Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90028 044 \*\*\*150.00

. (BAIAA 11/8) (IAI/ SCIN/ 1168) (PIP) (SI) BIB)) EIBI) BIBI) FIRI/ FIRI/ BIBI/ FIRI/

## 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 # 310188**

MIAMI MOBILE HOUSES, INC.

Principal Place of Business Mailing Address					* 1001ED ((101 120) ESTE) (100 1010)	Tir mint differ sieht miner Sieht Arnes rant
20000 W. DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180		20000 W. DIXIE HIGHWAY NORTH MIAM) BEACH FL 33180				
					DO NOT WRITE	IN THIS SPACE
					<ol> <li>Date Incorporated or Qualifed</li> <li>10/19/1966</li> </ol>	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1153818	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	
24	25	29 30	<u> </u>		Personal Property Tax.  10. Name and Address of New Reg	
	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Reg	Istered Agent
KAYE, AL M.			82		dress (P.O. Box Number is Not Acceptable	<u>,                                      </u>
2000			Street 7	areas (r.o. box Humbon is Not Acceptable		
N. M	IAMI BEACH FL 33180		83			
			84	City		FL 85 Zip Code
office or r	egistered agent, or both, in the State on the manual of the obligation of the obligation of the control of the obligation of the obligatio	of Florida, Such change was auth ions of, Section 607.0505, Florida	onzed by a Statutes	tne corpo	rporation submits this statement for the pur tion's board of directors. I hereby accept the	rpose of changing its registered to appointment as registered
	Signature, typed or printed name of registered agen	Тапа по		t signature re	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	<del></del>
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	KAYE, AL M.		1.2 NAME			<del></del> - !
NAME	20000 W. DIXIE HWY.		1.3 STREET	ADDRESS		ļ
STREET ADDRESS	N. MIAMI BEACH FL		1.4 CITY-S			
TITLE	TD	☐ DELETE	2.1 TITLE			Change Addition
NAME	KAYE, ARLENE C.		2.2 NAME			
STREET ADDRESS	20000 W. DIXIE HWY.		2.3 STREET	ADDRESS		`
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-5	, ,		
TITLE	SD	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	HAMMOND, SANDRA E		3.2 NAME	}		·
STREET ADDRESS	20000 W. DIXIE HIGHWAY		3.3 STREET	ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		3.4 CITY-S	T-ZIP	·	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME		1	4. 2 NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		}
STREET ADDRESS			4.3 STREE	FADDRESS	·	
CITY-ST-ZIP			4.4 CITY-S	T-Z <u>IP.</u>		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME		•	5.2 NAME	ļ		
STREET ADDRESS		:	5.3 STREET	FADDRESS		
CITY-ST-ZIP		·	5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE	_	*	☐ Change ☐ Addition
NAME			6.2 NAME	Į		•
STREET ANNUESS			6.3 STREE	T ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 acculate 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 of 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 or an attachment with an address, with all other like empowered.