FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **326793** **(7)**

1. Corporation Name
SOUTHERN MOBILE PARKS, INC.

Principal Place of Business	Mailing Address
C/O SANTOS 4641 SOUTH UNVIERSITY DRIVE DAVIE FL 33328-0817	C/O SANTOS 4641 SOUTH UNVIERSITY DRIVE DAVIE FL 33328-0817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1968
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1211374 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, REUBEN M
2021 TYLER STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	DISBROW, JULIA	1.2 NAME	
STREET ADDRESS	8840 SW 49TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
	Delete		
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	BREEN, ANNA MARIE	2.2 NAME	
STREET ADDRESS	721 N.W. 204TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
	Delete		
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BREEN, DAVID	3.2 NAME	
STREET ADDRESS	511 FAIRFAX AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
	Delete		
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOTIL, PATRICIA A	4.2 NAME	
STREET ADDRESS	480 FAIRFAX AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
	Delete		
TITLE	AV	5.1 TITLE	☐ Change ☒ Addition
NAME	BREEN, THOMAS P	5.2 NAME	Secretary, Treasurer, Director
STREET ADDRESS	1951 LAKEWOOD CIR	5.3 STREET ADDRESS	Davis, Sandra
CITY-ST-ZIP	GRAYSON GA	5.4 CITY-ST-ZIP	7027 Mandarin Drive
	Delete		Boca Raton FL 33433
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	President, Director
STREET ADDRESS		6.3 STREET ADDRESS	Davis, Robert S.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	7027 Mandarin Drive
			Boca Raton FL 33433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 3/17/95 (305) 434-1040
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Q235804 CP