


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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90099 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 380515 1. Corporation Name SUNCOAST GATEWAY MOBILE VILLAGE, INC.			
Principal Place of Business 8445 FLAXEN DR. PORT RICHEY FL 34668		Mailing Address 8445 FLAXEN DR. PORT RICHEY FL 34668	
2. Principal Place of Business 21 6010 RIDGE ROAD Suite, Apt. #, etc. 22 City & State 23 PORT RICHEY, FL Zip Country 24 34668 25		2a. Mailing Address 26 6010 RIDGE ROAD Suite, Apt. #, etc. 27 City & State 28 PORT RICHEY, FL Zip Country 29 34668 30	
9. Name and Address of Current Registered Agent SCHULTZ, ARNOLD A 8440 GETTS DRIVE PORT RICHEY, FL 34668		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD NAME SCHULTZ, ARNOLD A. STREET ADDRESS 8440 GETTS DRIVE CITY-ST-ZIP PORT RICHEY, FL 00000		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE PD NAME SCHULTZ, EDWARD E. STREET ADDRESS 8043 CHAUCER DRIVE CITY-ST-ZIP WEEKI WACHEE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ST NAME SCHULTZ, MYRTLE C STREET ADDRESS 8043 CHAUCER DRIVE CITY-ST-ZIP WEEKI WACHEE FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1971	
4. FEI Number 59-1350837	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

SIGNATURE: Edward E. Schultz EDWARD E. SCHULTZ 1 Jan 99 727-842-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)