

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **384599** (7)
1. Corporation Name
WHITEHAVEN MOBILE COURT, INC.

Principal Place of Business 1030 MILITARY TRAIL JUPITER FL 33458 US	Mailing Address BOX-200 JUPITER FL 33458 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/28/1971	
				4. FEI Number 59-1362586 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITE, ROBERT W. 18880 LOXAHATCHEE RIVER ROAD JUPITER FL 33458				10. Name and Address of New Registered Agent 81 Name Loretta J. White 82 Street Address (P.O. Box Number is Not Acceptable) 18880 Loxahatchee River Road 83 Jupiter, Florida 84 City FL 85 Zip Code 33458			
--	--	--	--	---	--	--	--

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 607.0605, Florida Statutes.

SIGNATURE Loretta J. White DATE 1-6-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, ROBERT W.			1.2 NAME	White, Loretta J.		
STREET ADDRESS	18880 LOXAHATCHEE RIVER			1.3 STREET ADDRESS	18880 Loxahatchee River Rd		
CITY-ST-ZIP	JUPITER FL			1.4 CITY-ST-ZIP	Jupiter, Fl. 33458		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, LORETTA J.			2.2 NAME	white, Robert F.		
STREET ADDRESS	18880 LOXAHATCHEE RIVER			2.3 STREET ADDRESS	18880 Loxahatchee River Rd		
CITY-ST-ZIP	JUPITER FL			2.4 CITY-ST-ZIP	Jupiter, Fl 33458		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, ROBERT F.			3.2 NAME	Richard A. White		
STREET ADDRESS	18880 LOXAHATCHEE RIVER			3.3 STREET ADDRESS	18880 Loxahatchee River Rd		
CITY-ST-ZIP	JUPITER FL			3.4 CITY-ST-ZIP	Jupiter, Fl 33458		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCLARNON, CAROL J.			4.2 NAME	John H. White		
STREET ADDRESS	18880 LOXAHATCHEE RIVER			4.3 STREET ADDRESS	18880 Loxahatchee River Rd.		
CITY-ST-ZIP	JUPITER FL			4.4 CITY-ST-ZIP	Jupiter Fl 33458		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, MARGRET			5.2 NAME			
STREET ADDRESS	18880 LOXAHATCHEE RIVER ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, JAMES O			6.2 NAME			
STREET ADDRESS	18880 LOXAHATCHEE RIVER ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			6.4 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 Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Loretta J. White 1-6-98

CR2E034 (10/97)