## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii

DIVISION OF CORPORATIONS

Secretary of State

1996

391961 **DOCUMENT #** 

(0)

AQUA GOLF MOBILE HOMES, INC.

AQUA GOLF MOBILE HOMES, IN				
Principal Place of Business	Mailing Address	( 18 Bridd blitte billet trese raure an	189 )[21 G1811 S1811 G1811) G1811 G1811 E1811 (GE	
1918 HARRISON ST STE 114 HOLLYWOOD. FL BOX 248 HALLANDALE FL 33008	1918 HARRISON ST STE 114 HOLLYWOOD. FL BOX 248			
	HALLANDALE FL 33008	3. Date Incorporated or Qualified 11/29/1971	3a. Date of Last Report 04/11/1995	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	

2. :::1	Principal Place of Business	26				59-1596864	Not Applicable
21]	Suite, Apt. #, etc	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required
— <sub>7</sub>	City 8 State	Otty & State			6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
23	Zip Country		untry			This corporation has liability for intang Florida Statutes <b>X</b> Yes	No .
24	9. Name and Address of Cu	rrent Registered Agent	Τ		10	Name and Address of New Regist	ered Agent
	3. Hamo dila		81	Name			
SCHWIND, GEORGE 500 AUSTRALIAN AVENUE S.			82	Street Add	Iress (P	O. Box Number is Not Acceptable)	
	SUITE #600		83		p		Tabl 7 - Cado
	W PALM REACH FL 33401		84	City			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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	pature, typed or printed name of registrous agent and their agri- OFFICERS AND DIRECTS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T TLE	PD	DELFTE	1. 1 TOLE	☐ Change ☐ Addition
NAME	CURCIE, NADINE		1.2 NAME	
STREET ADDRESS	1918 HARRISON ST., SUITE #114		1.3 STREET ADDRESS	
DITY ST-ZIP	HOLLYWOOD FL		14 CRY   ST-76°	
TILE	VPD	[]] DELFTE	2 1 TITLE	Change Addition
NAME	CURCIE, JOSEPH E		2 2 NAMF	
STREET ADDRESS	676 PALM COURT		2.3 STREST ADDRESS	
City-S1-ZIF	GOODLAND FL		24 Cl*Y-S*-7iP	☐ Change ☐ Addition
TITLE	TD	DELETE	3 1 TiTuE	El charge El Addition
IAME	CURCIE, ROSE M		3 2 NAME	
STREET ADDRESS	1970 SOUTH PARK ROAD		3.3 STREET ADDRESS	
City-St ZiF	PEMBROKE PARK FL		34 CITY - ST - 7 P	☐ Change ☐ Addition
T TLE	S	DELE IE	4 1 Title	Orlange Position
NAME	Mashamesh, Patsey		4.2 NAME	
STREET ADDRESS	1918 HARRISON ST., #114		4.3 STREET ADDRESS	
CITY-SI-ZIF	HOLLYWOOD FL		4 4 CITY - ST - Z-P	Change Addition
TITLE		☐ DELETE	5 1 TULE	
NAME			5 2 NAME	
STREE: ADDRESS			5.3 STREET ADDRESS	
CITY - \$1 - 21P		T DELETE	5 4 CITY - St - 7-P	Change Addition
TILLE		DELETE	6 1 TiTLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY OF TIE			64 CITY ST-7:P	

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)(k). 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 cattly 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND TYPED OF

President

2-8-96 954-923-6484