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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

OCUN Corporation I	MENT # 51955	64 (0)						
BETTER	MOBILE HOMES, INC.							
cipal Place o	of Business	Mailing Address				 		i s ii 01011 1001
80 S MILITA AKE WORTH		4880 S MILITARY TRI LAKE WORTH FL 334						
KE MONIN	rt 35400	OME VOID	, •••		3. Date Incorporated or Quality		e of Last Re	
					12/02/1976 4. Htt Number	L		pplied For
rincipal Plac	ce of Business	2a. Mailing Address			59-1711316		▶ · ∔	ot Applicable
uite, Apt. #	etc	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗆		Additional
uite, Apr. #	, 60.	27			a. Certificate of Status Desire		Fee F	equired
ty & State		City & State			6. Election Campaign Financi	ing		May Be
		28			Trust Fund Contribution 8. This corporation has liabilit			to Fees
iρ	Country	Zip	Countr 30	ý	Florida Statutes	Yes XVo	ak under s	100.0001
	9. Name and Address of Curr	29 Agent	[30]		10. Name and Address of N		Agent	
	9. Halle and Address of Con-		8	1 Name				
BROWNING, THOMAS RALPH			8	2 Street Addr	iress (P.O. Box Number is Not Acc	eptable)		
4752 PA	SEIDON PLACE		82 Street Mat					
			8:	3				
LAKE WORTH FL 33463								
			8	4 City			85 Zr	Code
Pursuant to	o the provisions of Sections 607.05	502 and 607.1508. Florida Stat orida. Such change was autho ection 607.0505, Florida Statut	utes, the above rized by the cores.	1 1	oration submits this statement for th and of directors. Thereby accept the	rie purpose of de appointment a	_ `	
Pursuant to or registere familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fil h, and accept the obligations of, Se Signature typed or printed name of registerial ag	gent and tide if applicable (utes, the above	named corpor poration's boa		pats."	nanging its resistered	ogistered off agent. I am
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14. To 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 oath; that I am an officer or director of the occupy ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or an attachment with an address? PRES Thomas R. BRAWNIG 1-1595 407-567-7000 SIGNATURE:

6.3 STREET ADDRESS

6.4 CHTY - ST - 7IP