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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Feb 03 1997 8:00am Secretary of State

**FILED** 

	"" - 2 in					
DOCU Corporatio	MENT # 519554 MOBILE HOMES, INC.	4 (0)			ang selak di 1948 (1944 (1948)).	on Lagge 80 JM/Mo
BETTER	MOBILE HOMES, INC.		(1) (1) (1)		<b>《编辑·新</b> 亚》	estight the co
				I FREIRI BINAN NIRIO ICIBI BUNBI BININ B	MAN ANAM ANAM ANAM ANAM ANAM	<b>606</b> 0 ( <b>11</b> 0)
	· · · · · · · · · · · · · · · · · · ·					mim
Principal Place of Business		Mailing Address		1 SBBSB1 MINDI (IRIN IRIN) Richt destr d	'n Ma Mill at Mark mill in ( Mis ai Mil	W-211 (W#1
4880 S MILITARY TRAIL LAKE WORTH FL 33463		4880 S MILITARY TRAIL LAKE WORTH FL 33463-5311				
DAKE MORIN	rl 33403	LAKE HORIST FE SONOS	NI I			
				3. Date Incorporated or Qualified		eport
Principal Place of Business		2a. Mailing Address		12/02/1976 4. FEI Number	01/22/1996	oplied For
rmicipal riace of business		26		59-1711316		ot Applicable
Suite, Apt	#, elc.	Suite, Apt #, etc.			- \$9.75	Additional
2		27		5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State		6. Election Campaign Financing		May Be
3 <b>7</b> (0)	Country	<b>Zip</b>	Country	Trust Fund Contribution		to Fees
Zip Ā∃	<u> </u>	29 Zip	30	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	or intangible tax under s █ Yes □ No	. 199.032,
4 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
RR(	OWNING, THOMAS RALPH		B1 Name	CAMPIT ADMIN	~	
	2 POSEIDON PLACE		82 Street Ad	S'ANDIE ADAM	table) = +	<del></del>
LAKE WORTH FL 33463			Sireer Ad	idress (P.O. Box Number is Not Acceptable)		
			83			
			84 City	411 = 1 110=11	- 85 Zip	Code .
			" 1-	AICE WURTH	FL   33	Code 3 463
<ol> <li>Pursuant office or i</li> </ol>	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607,1508, Florida Statu Le of Florida, Such/change was	ites, the above-named co authorized by the corpor	progration submits this statement for the ration's board of directors. I hereby ac	e purpose of changing is cept the appointment as	ts registered : registered
agent. La	am familiar with, and accept the obli	ortions of Section 607 0505, F	lorida Statutes.	proporation submits this statement for the ration's board of directors. I hereby according to the ration's board of directors.	1 3000	_
SIGNATURE		acception in	TE: Registered Agent signature red	<i>/</i> / 1	/ 28/7'/	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
TLE	DP /	DELETE	1.1 TITLE	SAN VICE PAEGIDE	Change	Addition
IAME	BROWNING, THOMAS R		1.2 NAME	SANDIE ADAMS 4752 POSEIDON PLI LAKE WORTH, FL 3		
TREET ADORESS	4752 POSEIDON PLACE		1.3 STREET ADDRESS	4752 PUSELOON PL	Mer 2110	
ITY-S1-ZIP	LAKE WORTH FL		1.4 CITY - ST - ZIP	LAKE WORTH, FL 3:	5463	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ITLE	S DECLARATION THOUGHT D	☐ DELETE	2.1 TITLE		Change	Addition
IAME	BROWNING, THOMAS R.		2.2 NAME			
TREET ADDRESS	4752 POSEIDON PLACE LAKE WORTH FL		2.3 STREET ADDRESS			
ITY-ST-ZIP TLE	TD	DELETE	2. 4 CHTY-ST-ZIP 3.1 TITLE	······ , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
IAME	BROWNING, THOMAS R.	Avecin	3.2 NAME			Bang Fred (July)
STREET ADDRESS	4752 POSEIDON PLACE		3.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE WORTH FL		3.4. CITY-ST-ZIP			
TILE	1	☐ DELETE	4.1 TITLE		☐ Change	Addition
IAME			4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
SITY-ST-ZIP			4.4 City-St-Zip			
HLF		☐ DELETE	5.1 TITLE		Change	Addition
YAME	ļ		5.2 NAME			
STREET ADDRESS		•	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this tiling 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 proof of supplied the state and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the Congruence for the receiver or trulice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in grant or or an attachment with an address.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

ThimAS | L. BROWNA

DELETE

1-28-97 501/967-7700 Davine Phone \$

Change

☐ Addition