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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 519554

1. Corporation Name

BETTER MOBILE HOMES, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90051 027 ***150.00



Principal Place of Business Mailing Address					C TRAINER OFFICE AND A STREET OFFICE	
4880 S MILITARY TRAIL LAKE WORTH FL 33463 LAKE WORTH FL 33463				DO NOT WRITE IN THIS SPACE		THIS SPACE
				3. Date Incorporated or Qualifed		
2. Mailing Address					12/02/1976 4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address					59-1711316	Not Applicable
21 26 Suite Ant # etc Suite, Apt. #, etc.				119	_	\$8.75 Additional
22 27					5: Certifcate of Status Desired	Fee Required
City & State	ity & State City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Count		8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regist	ered Agent
200	DIE ADAMS POSEIDON PL		48.43	81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	E WORTH FL 33463	公司,他们还是一个人的	96.74	83 ************************************	when the control was a control with the control of	THE SOLD PARTS TO
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		0500 1 007 4500 Florida State	uton the ob	our named com		
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	I agent and title if applicable. (NO	rE: Registered	Agent signature require	d when reinstating) DA	TE .
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	,
TITLE	Р	☐ DELETE	1.1 111	Æ	100	☐ Change ☐ Addition
NAME	ADAMS, SANDIE		1.2 NA	ME,		
STREET ADDRESS			1.3 ST	REET ADDRESS		· j
CITY-ST-ZIP	LAKE WORTH FL		1.4 CIT	Y-ST-ZIP		
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NAME	BROWNING, THOMAS R.		2.2 NA	ME .		
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CITY-ST-ZIP	3 .		6.4 CF	Y-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, of on an attachment with an address, with all other like empowered.

SIGNATURE: