2004 R PROFIT CORPORATION 24NNUAL REPORT (AR)

SIGNATURE JOHN E SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 11, 2004 08:00 AM Secretary of State **DOCUMENT # 620324** 1. Entity Name ADVANCED MOBILEHOME SYSTEMS, INC. Principal Place of Business Mailing Address 941 SW 8TH ST POMPANO BCH FL 33069 941 SW 8TH ST POMPANO BCH FL 33069 2. Principal Place of Business. 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1877322 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, JOHN E Street Address (P.O. Box Number is Not Acceptable) 941 SW 8TH ST POMPANO BCH FL 33069 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition PS Delete TITLE TITLE MURRAY JOHN E NAME NAME UUQUQQQ085855 STREET ADDRESS STREET ADDRESS 941 SW 8TH STREET US/11/U4-80064-016 150.00 POMPANO BCH, FL 00000 CITY - ST - ZIP CRY-ST-ZIP Change Addition Delete TITLE TITE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MANE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAY-ST-ZEP TITLE ☐ Change Addition 🔲 TITLE ☐ Delete MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition HILE TETI F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CffY-ST-ZIP Delete 73T3 F Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cary-ST-ZIP 12. 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 report or supplemental 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

John E. Murray 3-9-04 954 782-0951