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

DOCUMENT # 666055

(9)

TANGLEWOOD MOBILE HOME SALES, INC.														
Principal Place	e of Business			iling Address						4 IBBI(O ONSO CINS ENSO BRISTO DITE DIT	OJOH BARA D			
345 WEATHERB FT PIERCE FL	BEE RD	LOT #7	345	WEATHERBEE RD PIERCE FL 34982-684	9	LOT	# 7							
								<u> </u>	ι	Date Incorporated or Qualified 4/07/1980	t	ate of Last f 23/1996	Report	
2. Principal FI	lace of Business			Mailing Address					4. F	El Number			pplied For	
21			26	208 Cape	Poir	te.	. Cin	cle		59-1995166		VN	lot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, e.c.					l	Certificate of Status Desired		\$8.75	Additional	
22			27		<u>, FL</u>				J. (Dertinicate of Status Desireo		Fee R	tequired	
City & State				City & State	,			1		Election Campaign Financing		\$5.00) May Be	
23			28	<u>33477</u> _						Frust Fund Contribution			to Fees	
Zip	├ <u>-</u> า	buntry	+	Zip		ountry	D	Δ		This corporation has liability for			s. 199.032,	
24	9 Name and A	ddraes of Curren	29 t Boolet	A Property	30	JYN	VDeor			Florida Statutes Name and Address of New Re		No		
9. Name and Address of Current Registered Agent							Name		10. 1	Tank and Addition of them to	- Gistolog	- Agoilt		
CONKO, BERNARD A						81								
712 US 1 HWY FORT PIERCE FL 33408						82	Street Ad	ddres	ss (P.0	O. Box Number is Not Accepta	ble)			
FOR	II FIENCE FL 33	100				83								
						84	City				FL	85 Zip	Code	
15. Pursuant	to the provisions of	Sections 607 050	2 and 60	7 1508 Florida Stati	ites the	above	a-named c	ornor	ration	submits this statement for the	nurnose o	f changing	its registered	
office or t	egistered agent, or	both, in the State	of Florid	la. Such change was	authoriz	ed by	the corpo	ration	n's bo	submits this statement for the pard of directors. I hereby acceptant	pt the app	pointment as	s registered	
agent. La	rn familiar with, and	accept the obliga	ations of,	Section 607.0505, F	-lorida St	atutes	3.							
SIGNATURE	Signature typicalox printer	Thank of registered age	ert and title i	'apotcable (NC	OTE: Reaste	ecA ber	rit signature re	ouired	when re	einstatino)	DATE	<u>~~</u>		
12.		OFFICERS AN			13					DDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	
TITLE	P			DELETE	1.3	TITLE						Change	Addition	
NAME	YU, CHESTER				1.2	NAME								
STREET ADDRESS	208 CAPE POII	NT CIRCLE			1.3	STREET	ADDRESS							
CITY - ST - ZIF	JUPITER FL				14	CITY-S	T-2iP							
TITEE	V			DELETE	21	TITLE						☐ Change	Addition	
NAME	YU, CHESTER				22	NAME								
STREET ADDRESS	208 CAPE POI	NT CIRCLE			23	STAEET	ADDRESS							
CHY-ST-ZP	JUPITER FL				2.4	CITY-S	ST-ZIP			13				
TITLE	ST			L DELETE	3.1	TITLE						Change	☐ Addition	
NAM#E	YU, KAROL	UT OIDO! P			32	NAME	-							
STREET ADDRESS	208 CAPE POI	NI CIRCLE					ADDRESS							
CITY-ST-ZIP	JUPITER FL	***************************************				CITY - S	ST-ZIP					T7 2.	11120	
TITLE				☐ DELETE		TITLE	-					Change	Addition	
NAME						NAME	- 1							
STREET ADDRESS							ADDRESS							
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NAME					•	NAME								
STREET ADDRESS							ADDRESS						İ	
City - ST - ZiP				DELETE		CHTY-S	I-ZIP					Change	Addition	
TELE				f"] DECEIE		TITLE	-					CHAILBE.	L. Hudillott	
NAME CONTACT ASSESSED						NAME	ADDDDDD						-	
STREET ADDRESS							ADDRESS							
CITY - ST - 7IP	l				6.4	CITY-S	1-202							

SIGNATURE:

14. I do 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, or on an attachment with an address.

FILED

Mar 07 1997 8:00am

Secretary of State