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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 698443 (9)

1. Corporation Name
715 MOBILE HOME PARK OF BELLE GLADE, INC.



Principal Place of Business
941 LINDA ROAD
BELLE GLADE FL 33430

Mailing Address
941 LINDA ROAD
BELLE GLADE FL 33430-4605

3. Date Incorporated or Qualified 08/11/1981	3a. Date of Last Report 02/19/1996
4. FEI Number 59-2359154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2640 BUCK CREEK RD
22 City & State	27 HAYESVILLE N.C.
23 Zip	28 City & State
24 Country	29 28904
25	30 USA

9. Name and Address of Current Registered Agent HOWELL, KEVIN 941 LINDA ROAD BELLE GLADE FL 33430	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, ROBERT E., JR.	1.2 NAME	MATHEWS, Robert E. Jr.
STREET ADDRESS	ROUTE 3 BUCK CREEK	1.3 STREET ADDRESS	2640 BUCK CREEK RD
CITY-ST-ZIP	HAYESVILLE NC	1.4 CITY-ST-ZIP	HAYESVILLE N.C. 28904
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, CHARLES G	2.2 NAME	MATHEWS, Charles G
STREET ADDRESS	1561 BOXWOOD TRACE	2.3 STREET ADDRESS	R.O. Box 208 2369 Buck Creek Rd
CITY-ST-ZIP	ACKWORTH GA	2.4 CITY-ST-ZIP	Hayesville, N.C. 28904
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, SHIRLEY C	3.2 NAME	MATHEWS, SHIRLEY C
STREET ADDRESS	ROUTE 3 BUCK CREEK	3.3 STREET ADDRESS	2640 BUCK CREEK Rd
CITY-ST-ZIP	HAYESVILLE NC	3.4 CITY-ST-ZIP	HAYESVILLE, N.C. 28904
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Robert E Mathews Jr Robert E Mathews Jr - 2-8-97 704 389 8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #