

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

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 2640 BUCK CREEK RD. HAYESVILLE N. 28904 US <i>NC</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1981	
21		26		4. FEI Number 59-2359154	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MATHEWS, ROBERT E., JR.	1.2 NAME	
STREET ADDRESS	2640 BUCK CREEK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAYESVILLE N. C. 28904	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	MATHEWS, CHARLES G	2.2 NAME	
STREET ADDRESS	2369 BUCK CREEK RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HAYESVILLE N. C. 28904	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	MATHEWS, SHIRLEY C	3.2 NAME	
STREET ADDRESS	2640 BUCK CREEK RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HAYESVILLE N. C. 28904	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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)(f), 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:

SIGNATURE WITNESSED

1-8-98 704-389-8183

CR2E034 (10/97)