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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Jan 16 1998 8:00am Secretary of State

715 MOBILE HOME PARK OF BELLE GLADE, INC.							
					A MARILA CIRCA NAME LA DESENDA MARIA LA CARRA DE	1 8 11 818 11 888 11 6 881) 6 (6): 1881
Principal Plac	e of Business	Mailing Address				INII MINII NENSE V ENE	II BIBIT EBBI
941 LINDA ROAD 2640 BUCK CREEK RD.							
BELLE GLADE FL 33430 HAYESVILLE N. 28904							
US Ne.					DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualified		-
					08/11/1981		
2. Principal Place of Business 2s		2a. Mailing Address	2a. Mailing Address		4- FEI Number	Ap	oplied For
21		26		59-2359154	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional"	
22		27		S. Cermicate of Status Desired	Fee Re	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23	<u> </u>	28			Trust Fund Contribution	Added 1	to Fees
Zip Zip	Country	Zip	Country	/	8. This corporation owes or has paid the o		
24	25	29	30		Personal Property Tax due June 30.		_l No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registere	ed Agent	
	WELL, KEVIN		81	Name			
941 LINDA ROAD			82	Street Addr	ess (P.O. Box Number Is Not Acceptable)		
BEI	LLE GLADE FL 33430						
			83				
			84	City		. 85 Zip (Code
					F		
11. Pursuant I	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing it	s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statute	s.	don's board of directors. Thereby accept the a	ppointment as	registered
SIGNATURE							ł
	Signature, typed or printed name of registered age	at and this if analysis of a					
				aur siðuarnte tednir	ed when reinstating) DATE	·	
12.	OFFICERS ANI	D DIRECTORS	13.	ent signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
TITLE	OFFICERS AND		13. 1.1 TITLE	ant signature requin		·	S IN 12
	OFFICERS AND PD MATHEWS, ROBERT E., JR.	D DIRECTORS	13.	ent signature requir		ND DIRECTOR	
TITLE	PD OFFICERS AND MATHEWS, ROBERT E., JR. 2640 BUCK CREEK RD.	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	f Address		ND DIRECTOR	
TITLE NAME:	PD MATHEWS, ROBERT E., JR. 2640 BUCK CREEK RD. HAYESVILLE N. C. 2890	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	f ADDRESS		ND DIRECTOR	
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Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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:

704-389-8183