

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F06185 (5)  
1. Corporation Name  
ORANGEWOOD LAKES MOBILE HOME SALES, INC.



Principal Place of Business  
7802-4 CONGRESS ST  
NEW PORT RICHEY FL 34653  
US

Mailing Address  
7802-4 CONGRESS ST  
NEW PORT RICHEY FL 34653  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/19/1980

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2042991		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

HEILER, ALFRED G  
7802-4 CONGRESS STREET  
NEW PT. RICHEY FL 34653

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILER, ALFRED G	1.2 NAME	
STREET ADDRESS	7802-4 CONGRESS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILER, JEFFREY	2.2 NAME	
STREET ADDRESS	4808 PARK BLVD	2.3 STREET ADDRESS	6901-12 IAN CT
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILER, SCOTT	3.2 NAME	
STREET ADDRESS	5449 MANADEE POINT DRIVE	3.3 STREET ADDRESS	MANATEE POINTE 32
CITY-ST-ZIP	NEW PT. RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
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 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:

Alfred G. Heiler

2/3/98

817-849-4555

CP2E034 (10/97)