PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** F96000003070 1. Corporation Name

NATIONSCREDIT MANUFACTURED HOUSING CORPORATION

Principal Place of Business 10401 DEERWOOD PARK BLVD. BLDG. 1

Mailing Address

225 E. CARPENTER FREEWAY TOWER II - TX1-854-10-02

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90001 001 ***550.00



							3. Date incorporated or Qualified 06/18/1996	i			
2. Principal Pla	ace of Busines		2a. Mailing Address				4. FEI Number		$\neg \tau$	Appli	ed For
21			26			23-2849419			Not A	Applicable	
Suite, Apt. :	ŧ. etc.		Suite, Apt. #, etc						\$8.	75 Add	ditional
22	" " " " "		27				5. Certificate of Status Desired		Fe	e Requ	rired
City & State			City & State				6. Election Campaign Financing		\$5	00 м	av Be
23			28				Trust Fund Contribution			ded to i	
Zip		Country	Zip	Cc	untry		8. This corporation owes the cur	rent vear			
24	2:	7	29	30	,		Intangible Personal Property.	7 -	Yes		٧o
		nd Address of Current			T		10. Name and Address of New	Registered	Agent		
					81	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						82 Street Address (P.O. Box Number is Not Acceptable)					
					82						
PLAI	NTATION FL	33324	_		83						
					84	City		FL	85	Zip Co	de
						L					
office or r	egistered age	nt, or both, in the State (of Florida. Such change :	was authorize	ed bv	the corpor	poration submits this statement for the pation's board of directors. I hereby acce	urpose of cl pt the appoi	nanging intment :	its regis as regis	itered itered
agent. I a	m familiar with	n, and accept the obliga-	tions of, section 607.050	i5, Florida Sta	atutes						
SIGNATURE_					tored &		required when reinstating)	DATE			
	Signature, typed or	printed name of registered agent				gent signature i			ND DIRE	CTORS	S IN 12
12.		printed name of registered agent OFFICERS AND	DIRECTORS	13		gent signature i	ADDITIONS/CHANGES TO OF	FICERS AN		=	┭~~~
12.	PD	OFFICERS AND		13 TE 1.11	iiTLE	gent signature i	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	=	S IN 12 Additio
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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.

7/13/99

972.506.5667

STREET, STREET