



**PREFERRED  
MANUFACTURED HOME  
BROKERS, INC.**

1030 Hastings Street, Suite 111 • Traverse City, MI 49686

(616) 922-7718 • Fax (616) 922-2188

1 (888) 947-2133

**F96000004347**

To Whomsoever,

Enclosed is your form, our states' certificate  
and the \$35<sup>00</sup> filing fee.

Sincerely,

Douglas Baumgardner

800002306298--9  
-09/29/97--01122--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

APPROVED  
AND  
FILED

57 SEP 29 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten:*  
CM  
F96000004347  
3889-92  
9-24-97

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

1. Preferred Mobile Home Brokers, Inc.  
Name of corporation as it appears on the records of the Department of State.
2. Michigan 3. 8-26-96  
Incorporated under laws of Date authorized to do business in Florida

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 8-5-97
5. Preferred Manufactured Home Broker, Inc.  
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
- \_\_\_\_\_  
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- \_\_\_\_\_  
New Jurisdiction

Douglas Baumgardner  
Signature

9-26-97  
Date

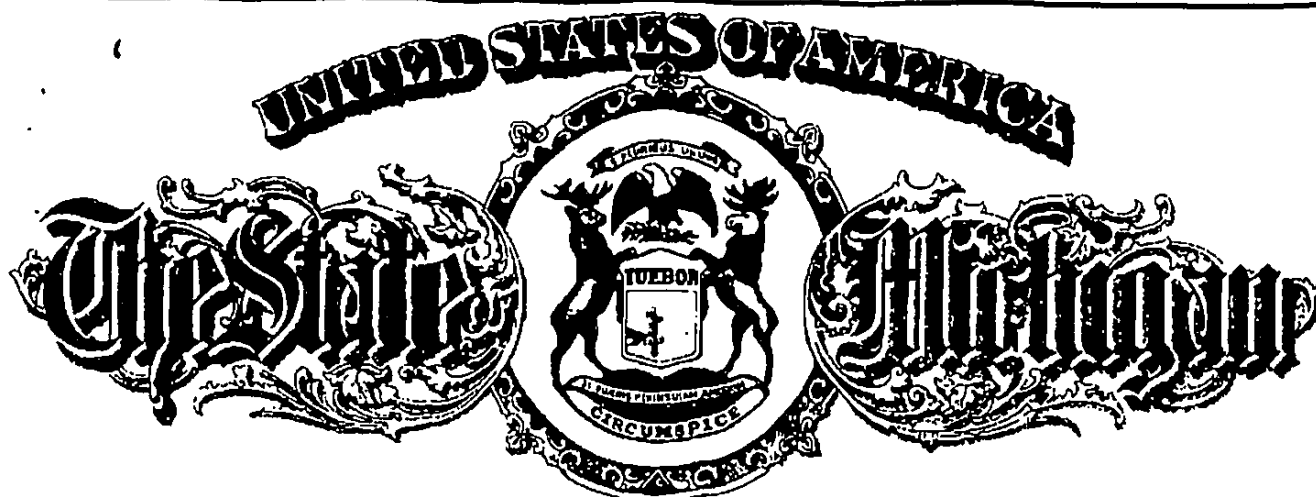
Douglas Baumgardner  
Typed or printed name

President  
Title

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 SEP 29 11:00:59

APPROVED  
AND  
FILED



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

PREFERRED MANUFACTURED HOME BROKERS, INC.

was incorporated on March 25, 1994, as a Michigan profit corporation,  
and said corporation is in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing  
in this office as of this date and is duly authorized to transact business or conduct  
affairs in Michigan and for no other purpose. It is in the usual form, made by me  
as the proper officer, and is entitled to have full faith and credit given it in every  
court and office within the United States.

In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 18th day  
of September, 1997.

Julie Croll

, Director

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND  
N96 000004335

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Beacon At 97th Avenue Association, Inc. EIN or SS#: \_\_\_\_\_

Address: Two Alhambra Plaza, Penthouse II  
Coral Gables, Fl 33143

Amount: \$61.25 Date Paid \_\_\_\_\_

Reason for claim: Report already Filed - N96 000004335  
9/7 10/1/97

Certified true and correct this 16<sup>th</sup> day of October, 19 97.

Signature No Signature Required

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	Amount of recommended refund \$ <u>61.25</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>984561037</u> dated <u>09/25/97</u>	
Name of Account	<u>4520213000145300000000010000</u>
Statutory Authority for Collection	<u>617</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)