
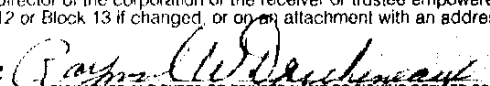


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G96528 (6)			
1. Corporation Name CAPRI MOBILE HOME OWNERS', INC.			
Principal Place of Business 24195 US HWY 19 N LOT 435 CLEARWATER FL 34623-1018 US		Mailing Address 24195 US HWY 19 N LOT 435 CLEARWATER FL 34623-5005 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent FORD, EDWIN I. 2307 WEST BAY DRIVE LARGO FL 33540		10. Name and Address of New Registered Agent 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 _____ By: _____, 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 D <input checked="" type="checkbox"/> DELETE NAME FARQUHARSON, DONALD STREET ADDRESS 24195 US HWY 19, 227 CITY-ST-ZIP CLEARWATER FL		1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME ED PORCHAK 1.3 STREET ADDRESS 24195 US HWY 19 N 407 1.4 CITY-ST-ZIP CLEARWATER, FL 34623	
TITLE VD <input type="checkbox"/> DELETE NAME PARRISH, BRUCE STREET ADDRESS 24195 US HWY 19N 203 CITY-ST-ZIP CLEARWATER FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD <input checked="" type="checkbox"/> DELETE NAME PARRISH, DOROTHY STREET ADDRESS 24195 US HWY 19N 203 CITY-ST-ZIP CLEARWATER FL		3.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DARRYL LEMIEUX 3.3 STREET ADDRESS 24195 US HWY 19 N 433 3.4 CITY-ST-ZIP CLEARWATER, FL 34623	
TITLE D <input type="checkbox"/> DELETE NAME RODAK, PAUL STREET ADDRESS 24195 US HWY 19N 435 CITY-ST-ZIP CLEARWATER FL		4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME VICTORIA CAMPBELL 4.3 STREET ADDRESS 24195 US HWY 19 N 214 4.4 CITY-ST-ZIP CLEARWATER, FL 34623	
TITLE TD <input type="checkbox"/> DELETE NAME MALLET, FRED STREET ADDRESS 24195 US HWY 19N 125 CITY-ST-ZIP CLEARWATER FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME DESCHENEUX, RAYMOND STREET ADDRESS 24195 US HWY 19N 211 CITY-ST-ZIP CLEARWATER FL		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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: 		RAYMOND W. DESCHENEUX 3-21-97	



CR2E034 (9/96)