

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90094 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G96528

1. Corporation Name
CAPRI MOBILE HOME OWNERS', INC.

Principal Place of Business 24195 U.S. HWY 19, LOT #406 CLEARWATER FL 33763 US	Mailing Address 24195 U.S. HWY 19, LOT #406 CLEARWATER FL 33763 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1984	
21		26		4. FEI Number 59-2419156	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. # 404	27	Suite, Apt. #, etc. # 404	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year's Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

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
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	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLET, FRED	1.2 NAME	MARY DAVIS
STREET ADDRESS	24195 U.S. 19 #125	1.3 STREET ADDRESS	24195 Hwy 19 N, #426
CITY-STATE-ZIP	CLEARWATER FL 33763	1.4 CITY-STATE-ZIP	Clearwater FL 33763
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, AILEEN	2.2 NAME	Betsy BAROFSKI
STREET ADDRESS	24195 U.S. 19 #431	2.3 STREET ADDRESS	24195 Hwy 19 N, #404
CITY-STATE-ZIP	CLEARWATER FL 33763	2.4 CITY-STATE-ZIP	Clearwater FL 33763
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHABOT, RAY	3.2 NAME	
STREET ADDRESS	24195 U.S. 19 #406	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33763	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTHER, ERNIE	4.2 NAME	
STREET ADDRESS	24195 U.S. 19 #420	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33763	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GEO	5.2 NAME	
STREET ADDRESS	24195 U.S. 19 #327	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33763	5.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCHAK, ED	6.2 NAME	
STREET ADDRESS	24195 U.S. 19 #407	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33763	6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Betsy Barofski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 **727/726-6459**
Date Daytime Phone #

CR2E034 (11/98)

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