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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

H30148

| Corporation | MENT # H301 Name NCED MOBILEHOME SYS | () | , INC. | E PROPEN BIOGRAMM BRIGHT HER BUT | |
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| Principal Place of Business % JOHN E. MURRAY 941 SW 8TH STREET | | Mailing Address % JOHN E. MURRAY 941 SW 8TH STREET | | | |
| POMPANO | BEACH FL 33069 | POMPANO BEACH I | FL 33069 | 3. Date Incorporated or Qualified 11/15/1984 | 3a. Date of Last Report 03/02/1995 |
| 2. Principal Pla | pe of Business | 2a. Mailing Address | | 4. FEI Number 59-2461917 | Applied For |
| Suite, Apt. # | , e to | Suite, Apt. #, etc. | | | Not Applicable \$8.75 Additional |
| <u></u> | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| - <i>Z</i> ip 3 | Country | Zip | Country | 8. This corporation has liability for in | |
| <u></u> | 25 9. Name and Address of Curr | ent Registered Agent | 30 | Florida Statutes Yes 10. Name and Address of New Re | |
| | | | 81 Name | TO. INSTITUTE OF THE PROPERTY | edistaten Matti |
| | NY, JOHN E. | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | ۵۱ |
| | V 8TH STREET | | L | Total (Total Control Total Control Total Control Cont | |
| POMPA | NO BEACH FL 33069 | | 83 | | • |
| | | | 84 City | | FL 85 Zip Code |
| l1. Pursuant to or registero familiar with | o the provisions of Sections 607.056 d agent, or both, in the State of Flo n, and accept the obligations of, Se | 02 and 607.1508, Florida Statut orida Such change was authorization 607.0505, Florida Statutes | es, the above named corpored by the corporation's boats. | ration submits this statement for the purp rrd of directors. I hereby accept the appo | cose of changing its registered office intment as registered agent. I am |
| BIGNATURE | And as typed or protein name of registrased ago OFFICERS A | | es, the above named corpo ed by the corporation's boats. 2°E Rugistered Agent signature require. 13. | | cose of changing its registered office intment as registered agent. I am |
| BIGNATURE 2. | Species typed or production are alregerised age OFFICERS A PS | it and trie if applicable (NC | DTE: Registered Agent signalure require | ad when reinstating) | cose of changing its registered offici intment as registered agent. I am |
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JOHN E MUTTAY Pres

705-787-095/