FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # J49078 WOOD MOBILE HOME CO	` '		1 (42)(HE 20)) OFFIH TO (1) PONT TO (4)	: ARII BOTIK ZOBU BABU BORK BIRK BIRK BIRAK	
Principal Place of Business % WILLIAM M. HART, II 555 SW 130TH AVE		Mailing Address % WILLIAM M. HART, II 555 SW 130TH AVE				
DAVIE FL 33	325	DAVIE FL 33325		3. Date Incorporated or Qualified 01/01/1987	3a. Date of Last Report 04/17/1995	
2. Principal Pla 21	abe of Business	2a. Maring Andress		4. FEI Number 59-2788419	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ 24	Country 25	Ζιρ 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
HART, WILLIAM M., II 555 SW 130TH AVE DAVIE FL 33325			83	Hart, Gerald Alde ress (P.O. Box Number is Not Acceptabl 555 SW 130th Ave.		
			84 City	Davie	FL 85 Zip Code 333325	
SIGNATURE	n, and accept the obligations of, Section (Section 2017). OFFICE RIS ANL	on 60/10505, Clonds Statistics of the Country of t	Gerald A. H The free test April 5 grature require [13.]	and of directors. Thereby accept the appoint of the directors of the directors of the appoint of the directors of the directo	-16-96	
TITLE NAME STHEET ACOMESS OFF-ST-ZP	V HART, GERALD ALDE 555 SW 130TH AVE DAVIE FL	□ DELETE	1 1 Tifle 12 NAME 13 STHEFT ADDRESS 14 CHY-ST-ZIP		Change Addition	
TITLE NAM: STRIFFF ADDRESS CITY - STI-ZIE	P HART, WILLIAM M., II 555 SW 130TH AVE DAVIE FL	∑ DELETE	2 1 THE 22 NAME 23 STREET ADDRESS 24 CHY-ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS OFF - ST- ZIF	D HART, BEATRICE 555 SW 130TH AVE DAVIE FL	□ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - Z-P		Change Addition	
DOLE NAME STREET ADORESS COTYNSTAZO		☐ DELETE	4 1 TUTE 42 NAME 43 STREET AGGRESS 44 CHY-ST-ZIP		Change Addition	
THE NAME STREET ADDRESS OF SERVICES		DELETE	5 1 TILE 52 NAME 53 STREFF ADDRESS 54 CHY-STI ZIP		☐ Change ☐ Addition	
TITLE NAME STRUTT ACURENS CITY - ST- 7PP		☐ DELETE	6 1 THE 62 NAME 63 STHEET ADDRESS 64 CITY - ST-ZIP		☐ Change ☐ Addition	

14. To hereby certify that the information supplies with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 early 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 13 or changed, or on an attachment with an address.

SIGNATURE: CHICHATURE AND TYPE ON PRINTED NAME OF MONTHS OF DIRECTOR A. Hart 02 16-96 (454) 473-2501