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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J49087**

1. Corporation Name

REDI ANDS MORILE HOME PARK INC.

HEDERADO MODILE HOME FAIRA 1145.			
Principal Place of Business	Mailing Address		
555 S.W. 130 AVE.	% WILLIAM M. HART. II		
DAVIE FL 33325 US	555 SW 130TH AVE Davie Fl 33325		

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90080 033 ***150.00

NEULAN	DO MIODILL HOME FARIN, I	140.		
Principal Place	of Business	Mailing Address		
555 S.W. 130 A	VF.	% WILLIAM M. HART. II		
DAVIE FL 33325	-	555 SW 130TH AVE		DO NOT MOITE IN THIS SPACE
US		DAVIE FL 33325		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 01/01/1987
2. Principal Pl	ace of Business	2a. Mailing Address	0	4. FEI Number Applied For
21 100 F	ERNWOOD CIRCLE	26 100 FERNWO	OD CIRC	
Suite, Apt. a		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 DAYTO	NA BEACH, FL	28 DAYTONA L	EACH FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24 3211	4 25 USA	29 32114 3	0 USA_	Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
LIADS	CEDIAD ALDE		81 Name	PAMELA H. BROWN
	T, GERLAD ALDE			Address (P.O. Box Number is Not Acceptable)
	SW 130TH AVENUE			100 FERNWOOD CIRCLE
DAVI	E FL 33325		83	
			84 City	DAYTONA BEACH FL 85 Zp Code 32114
11 Directant i	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named	the statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by the corp	corporation's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes.	
SIGNATURE	Signature, typed or printed name of registered age	OSONON PAME	Registered Agent signature	POUND DECRETARY 1/05/199
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	X Change ☐ Addition
NAME.	HART, GERALD ALDE		1.2 NAME	
STREET ADDRESS	555 SW 130TH AVE		1.3 STREET ADDRESS	100 FERNWOOD CIRCLE
	DAVIE FL		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
CITY-ST-ZIP TITLE	DAVILTE	☐ DELETE	2.1 TITLE	T, 5 Change NAddition
1			2.2 NAME	PAMELA HART BROWN
NAME			2.3 STREET ADDRESS	·
STREET ADDRESS			2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	Change Addition
TITLE			3.2 NAME	WILLIAM G.S. BROWN
NAME			3.3 STREET ADDRESS	
STREET ADDRESS				DAYTONA BEACH, FL 32114
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE		El Accese	4.1 TITLE 4.2 NAME	
NAME				
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP	. Change Addition
TITLE		☐ OETFIG	5.1 TITLE 5.2 NAME	<u> </u>
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	,
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE .		□ perete	6.2 NAME	_ stange
NAME	·		6.3 STREET ADDRESS	·
STREET ADDRESS	•			
CITY-ST-ZIP			6.4 CITY-ST-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:

JAMELA ING OFFICER OR DIRECTOR

H. BROWN

904-323-6201