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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J52558

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MOBILE HOME RENTALS, INC. Principal Place of Business. MULLIGAN. BRIAN 1128 HOWELL CREEK DR. WINTER SPRINGS FL 32708		Mailing % Muli 1128 HC Winter	Mailing Address * MULLIGAN, BRIAN 1128 HOWELL CREEK DR. WINTER SPRINGS FL 32708-4412								
US		US					3. Date Incorporated or (01/20/1987	Qualified	1	e of Last 01/1996	
2. Principal F	Place of Business	2a. Maili	ng Address				4. FEI Number		1 001		Applied For
21		26					59-2756400				Vot Applicable
Suite Apt 22	, # Oto	Suite 27	, Apt. #, etc.				5. Certificate of Status D	esired			Additional Regulated
City & Star	tc		& State				6. Election Campaign Fir	ancing			May Be
23]		28					Trust Fund Contributio	-			to Fees
Zırı 24	Country 25	Z ₁ p		30 Cou	intry		8. This corporation has to		ntangible t		s. 199.032,
<u> </u>	9. Name and Address of C		Agent	301	Γ		10. Name and Address of				
	ILLIPS, PATRICK R				81	Name					
	0 N. THORNTON AV. RLANDO FL 32801				82	Street Add	iress (P.O. Box Number is Not	Acceptab	le)		
011	ENTED TE GEOOT				83						
					84	City			FL	85 Zip	Code
office or	regional again, or mount in the	State of Florida, St	ch change was	s authorize	d by	the corpora	ition's board of directors. I her	eby accep	ictne appo	m in ionic b	is registered
SIGNATURE	Ships on tweetor booted name of regula	enta agent and title it applic	able (N				poration submits this statemention's board of directors. I her used when reinstating) ADDITIONS/CHANGES		DATE		
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The bridge of the standard on this around report or supplied and the standard on the standard on this around report or supplied ental 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: SIGNATURE AND TYPED ON HAINTED NAME OF SIGNING OFFICER OR DIRECTOR

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