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 # J52558 1. Corporation Name

MOBILE HOME RENTALS, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90131 013 ***150.00



D : : - : -		Mailing Address						
Principal Place of Business Mailing Address 408 SE MADRIO ST 408 SE MARDIO DT								
STUART FL 34994 STUART FL 34994 US US						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed 01/20/1987		
Principal Place of Business Za. Mailing Address						4. FEI Number	A	pplied For
21	26					59-2756400	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	•	Additional Required
City & State City & State				·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Cou	Country		8. This corporation owes the current year Intangible		
24	25 29 30		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registere	d Agent	
,	LIDO DATRIOV D			81	Name			
PHILLIPS, PATRICK R 200 N. THORNTON AV.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32801	•		83				
				84	City	F	85 Zip	Code
				لـــــا		F		into-od
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was	authorized	J by ti	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as r	egistered
SIGNATURE								
	Signature, typed or printed name of registered ag		_ - -	Agent	signature required	d when reinstating) DATE DATE	AND DIDECT	ODS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	
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NAME	MULLIGAN, BRIAN	AV	1.2 N					ļ
STREET ADDRESS	3560 SW RACQUET CLUB W	AT			ADDRESS			
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NAME		•			ADDRESS .			ļ
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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:

DIRETOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR