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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Apr 24 1997 8:00am									
Secretary of State									

EII ED

	MENT # J69868 ARK MOBILE HOME PARK									
Principal Place of Business 21\$ N.W. 79TH STREET MIAMI FL 33150		Mailing Address 4008 S.W. S2ND AVENUE HOLLYWOOD FL 33023-6921				01011 <b>910</b> 14 <b>0</b> 7513 1		11814 1081 1		
	•	US				3. Date Incorporated or Qualified 04/29/1987	3a. Date o		eport	
	Place of Business	2a. Mailing Ad	ldress			4. FEI Number		Ap	plied For	
Suite, Apt	# 01	26 Suite, Apt.	# atc			59-2810510			ot Applicable Additional	-
22	n, 010	27	,, o.c.			6. Certificate of Status Desired		Fee Re		
City & Sta	te	City & Stat	е			6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		Added t		-
Zip.	Country Zip			ountry		6. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No				
24	9. Name and Address of Curr		30  t			10. Name and Address of New Re				1
400 HOI	AR, FRANK, D  8 S.W. 52ND AVENUE  LLYWOOD FL 33023  1 to the provisions of Sections 607.0 registered agent, or both, in the Starn familiar with, and accept the ob	502 and 607 1508, Fix ate of Florida Such ch ligations of, Section 60	orida Statutes, the lange was authoriz 07.0505, Florida S	81 82 83 84 above zed by tatutes	City	rporation submits this statement for the pation's board of directors. I hereby accept	FL <sup>®</sup>	T.,	Code is registered registered	
SIGNATURE	Signature, typed or printed name of tog stered	agont and lite if applicable	[NOTE: Registe	ered Age	nt signature requ	ulred when reinstaling)	DATE			
12.	OFFICERS A	AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFIC				જિ
TITLE NAME	SOAR, FRANK D. 4008 S.W. 52ND AVENUE	Ц	12	I TITLE 2 NAME			LJ	Change	Addition	R2E034 (9/96)
STREET ADDRESS CITY+ST-Zip	HOLLYWOOD FL			s direct 4 City-S	ADDRESS T. ZIP					E E
TITLE	ST			TITLE	1-24	**************************************		Change	Addition	뚱
NAME STREET ADDRESS	SOAR, PATRICIA A. 4008 S.W. 52ND AVENUE			P NAME 3 STREET	ADDRESS					
CITY ST-ZIP	HOLLYWOOD FL			4 CITY - S	ST-ZIP					
THILE NAME		LJ	3.2	1 TITLE 2 NAME			ĻJ	Change	Addition	
. STREET ADORESS			<b>L</b>		ADORESS					
CHY-ST-ZIP THLE				4. CITY - S 1 Title	SI-ZIP			Change	Addition	$\left\{ \right.$
NAME			1	2 NAME			L.J	onungo	C. Nasilion	
STREET ADURESS			•		ADDRESS					
CITY- ST-ZIP				4 CITY-S						
TITLE			DELETE 5.1	TITLE				Change	Addition	1
NAME			5.2	NAME	İ					
STREET AUDRESS			5.3	STREET	ADDRESS					
CITY - ST - 20P				4 CITY-S	T-ZIP				····	
TITLE		L		TITLE	Ì			Change	☐ Addition	1
NAME	· .			2 NAME						
STREET ADORESS					ADDRESS					
CITY - ST - ZOP			6.4	4 CITY-S	T-ZIP					1

I do 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.

SIGNATURE: FRANK D. 8 O/R Brank D. Seas Pres