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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J96975

TRY-MOR MOBILE VILLAGE, INC.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90074 006 \*\*\*150.00

THE IMO	•			_						
Principal Place	e of Business	Mailir	ng Address				r compress derm throm deting sales		, re- 40401 41817 8181	
240 NORTH WA	ASHINGTON BLVD.		ORTH WASHINGTON	N BLVD.			,			
SUITE 311			SUITE 31:1 SARASOTA FL 34236				DO NOT WE	RITE IN TH	IIS SPACE	
SARASOTA FL	34236	SAHA	SUIA FL 34236				3. Date Incorporated or Qualifer			
							10/12/1987		<b>.</b>	
2. Principal P	face of Business	2a. M	ailing Address				4. FEI Number	- <del>-</del>	Ι Α	pplied For
21	••	26					65-0013280	•		lot Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.	,			5. Certificate of Status Desired			Additional
22		27					5. Connecte of Grands Desired			Required
City & State	e	Ç	ity & State				6. Election Campaign Financing	, I		May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zi	ip	Countr	Ŋ		8. This corporation owes the cu	rrent year	Intangible  Yes	□No
24	25	29		30			Personal Property Tax.  10. Name and Address of New	Register		ال
	9. Name and Address of Currer	nt Kegister	ea Agent	8	1 N:	ame	IV. Harre and Address of New	reAlarair	a regulit	
RUG	GLES, ROBERT K. III									
	NORTH WASHINGTON BLVD.			82	2 Si	treet Addre	ess (P.O. Box Number is Not Accep	table)		
	TE 311			83	3	<del></del> -		1931 3 7 4 ii	1111	
	ASOTA FL 34236						1000年1月1日		35.54.1数 17.54.1数	<u> </u>
	•			84	4 C	ity		F	85 Zip	Code '
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida.	Such change was a	autnonzed bi	v ine	amed corpo corporatio	oration submits this statement for the on's board of directors. I hereby acc	e purpose ept the ap	pointment as r	s registered egistered
11. Pursuant office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation of the state of registered age	of Florida. ations of, Se ant and title if ap	ection 607.0505, Flo	authorized by orida Statute	y ine es.	corporatio	d when reinstating)	OATE	ронинели аз г	
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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** 

MAKIGO DITUREROGERKIREDEN TO

1/10/99

941-955-8338

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