:COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # K02466

PINE WOOD MOBILE HOME RENTAL, INC.

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90014 028 ***550.00



ncipal Place	of Business	Mailing Address		-		119 SILL BIBIL BIBI	· #1611 8181		
•	FEPHEN SPENCER	% STANLEY STEF	PHEN SPENCER						
05 REED DR. /ERVIEW FL 33569		6505 REED DR.							
		RIVERVIEW FL 33569			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified				
					11/16/1987				
Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address			4. FEI Number			plied Fo	
		26			59-2934101 Not Applic			-	
		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	ر فیت بینیت د در بید سیدس	27		/ - .			- Fee R	equireo -	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				,	
		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Co	ountry	8. This corporation owes the curre	· —	_	٦	
	25	29	30		Intangible Personal Property.		∕es _	J No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Ag	ent		—–
	·			81 Name					
	ncer, stanley stephen			82 Street Add	ress (P.O. Box Number is Not Accepta	bie)			
6505 REED DR.				Sueer Addi	1000 tr. O. Dox Hallings is that Accepta	,			
RIVE	RVIEW FL 33569			83					
				84 City		FL	85 Zip	Code	
	to the area initials of anotions 607.00	502 and 607 1509. Florida	Statutes the a	bove-named corpo	pration submits this statement for the pu	mose of chang	aina its re	aistered	
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office or r agent. I a	to the provisions of sections 607.03 egistered agent, or both, in the Starm familiar with, and accept the obj	ate of Florida. Such chang	ae was authoriza	ed by the corporati	,				
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it am an officer or director of the corporation of 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 or an attachment with an address.

GNATURE:

CHAPURE REQUIRED

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99 8/3-67/-/6/5 Date Daytime Phone #