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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # K3601 N'S MOBILE HOME SERVI					H BARA BARA BARA BARA BARA
Principal Place of Business Mailing Address					I DODITALI DET FILLE BLILL BOLDA LIDIO FIRI BIDIL TEDA BIDIL BIDIL BIDIL BIDIL BIDIL	
14951 113TH AVENUE. NORTH 14951 113TH AVENUE. NORTH LARGO FL 34644 LARGO FL 34644			NORTH			
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	OFFICE
					10/03/1988	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-2910760	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22						Fee Required
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Cour	ntry	This corporation owes or has paid the city	
24	25	29	30		Personal Property Tax due June 30.	Yes 🔲 No
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent
	IMAN, GARY E.		ŀ	81 Name		
14951 - 113TH AVENUE NO.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
LARGO FL 34644			- 1	80		
			1	83		i
			Ī	84 City	FI	85 Zip Code
44 Purellant	to the provisions of Sections 607.05	02 and 607 1508 Florida Stat	tutes the ah	ove-named co	rporation submits this statement for the purpose	
office or r	egistered agent, or both, in the Stat	e of Florida. Such change wa	s authorized	by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
_	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statu	nes.		
SIGNATURE	Signature, typed or printed name of registered as	pent and tille if applicable (N	Off Brigistered	Agent signature requ	uired when reinstating) DATE	·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	L] DELETE	1.1 105	LE		Change Addition
NAME	LEHMAN, GARY E.		1.2 NA			
STREET ADDRESS	14951 113TH AVE., N.			REET ADDRESS		
CITY-ST-ZIP	LARGO FL	DELETE		Y-ST-ZIP		Change Addition
TITLE NAME	LEHMN, MARY A.	ال المراد	2 1 TIT	ľ		The Country of the Co
STREET ADDRESS	14951 113TH AVE., N.			REET ADDRESS		
CITY-ST-ZIP	LARGO FL		1	TY-ST-ZIP		
TITLE		DELETE	3 1 TIT			Change Addition
NAME			3.2 NA	ME	•	
STREET ADDRESS			3.3 STF	REET ADDRESS		
CITY-ST-ZIP			3.4. CIT	TY-ST-ZIP		
TITLE		DELETE	41717	LE		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP		December 1		Y-ST-ZIP		Chance C 42400cc
TITLE		DELETE	5.1 117	į.		Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT 6 1 TITI	Y-ST-ZIP		Change Addition
NAME .			6.2 NA	, ,		
STREET ADDRESS				REET ADDRESS		

14. Thereby 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 received 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

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 10 1998 8:00am

Secretary of State