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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

OCHMENT #

101

	MOBILE HOME SALES	, ING.							
Principal Place	of Business	Mailing Addres	SS			ı idelerii did bilii bibli idele d	inim imit midit	AIGH GIGH ŞIĞI	
2902 1ST NAT'L DRIVE RUSKIN FL 33570		2902 1ST NAT'L DRIVE Ruskin FL 33570							
						<ol> <li>Date Incorporated or Qualified 02/09/1989</li> </ol>	d 3s. D	Date of Last F 01/17/19	•
2. Principal Pla	ce of Business	2a. Mailing Add	dress			4. FEI Number 65-0097802		ļ <b>ļ</b>	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.7	Additional
≧ City & State		City & State	9			6. Election Campaign Financing			Required
s]	······································	28				Trust Fund Contribution			O May Be d to Fees
Zip <b>i</b> ]	Country 25	Ζφ <b>29</b>	30	Country		8. This corporation has liability to Florida Statutes	ovintangitok Yes ∐No		199.032,
	9. Name and Address of Cu	· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New			
				81	Name	, , (=			
	AMAR G.			82	Street Addr	ess (P.O. Box Number is Not Accept	table)		
5604 W. MILEY PLANT CITY FL 33565				83		· · · · · · · · · · · · · · · · · · ·		· · ·	
				84	City			. 85 Z	p Code
					Oity		F	63 2	p Cooo
Id Down and t		700 L007 (500 E)							
or registere	id agent, or both, in the State of F	ilorida. Such chance was	s authorized by	he above-na	aned corpora ration's boar	ation submits this statement for the production of directors. I hereby accept the ap	y irroce of	changing its	registered office d agent. I am
or registere familiar with	o the provisions of Sections 607.0 ad agent, or both, in the State of F n, and accept the obligations of S	ilorida. Such chance was	s authorized by	he above-na	amed corporation's boar	ation submits this statement for the production of directors. I hereby accept the ap	y irroce of	changing its	registered office I agent. I am
or registere familiar witi SIGNATURE	id agent, or both, in the State of F	lorida, Such change was Section <b>6</b> 07,0505, Florida	s authorized by a Statutes.	he above-na by the corpor	ration's boar	ation submits this statement for the profession of directors. I hereby accept the ap	y irroce of	changing its as registered	registered office I agent. I am
or registere familiar with SIGNATURE	of agent, or both, in the State of F n, and accept the obligations of S sgrature, typed or privide manifed registered OFFICERS	forida. Such change was section 607.0505, Florida agent and titin if applicable AND DIRE CTORS	s authorized by a Statutes. (NOTE: Re	he above-na by the corpor	ration's boar	rd of directors. I hereby accept the ap	ourpose of opointment	changing its as registered E WID DIRECTO	Jagent, Lam DRS IN 12
or registere familiar with SIGNATURE	of agent, or both, in the State of Fig. and accept the obligations of Signature, byted or pinion name of registered of OFFICERS	forica. Such change was section 607.0505, Florida agent and thin it applicable	s authorized by a Statutes. (NOTE: Re	the above-na by the corporated Agents 13.	ration's boar	d of directors. I hereby accept the ap	ourpose of opointment	changing its as registered	Jagent, I am
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or registere familiar with SIGNATUFIE  12.	of agent, or both, in the State of Fin, and accept the obligations of Segurities, based or printed many of registered.  OFFICERS  DPT  MILEY, LAMAR  5604 W. MILEY RD  PLANT CITY FL	forida. Such change was section 607.0505, Florida agent and titin if applicable AND DIRE CTORS	s authorized by a Statutes. (NOTE: Re	the above-nary the corporate Agent 13.  1.1 Title 1.2 NAME	ration's boar signature required	d of directors. I hereby accept the ap	ourpose of opointment	changing its as registered E WID DIRECTO	Jagent, Lam DRS IN 12
OF FEGISTER  familiar with  SIGNATURE  12.  THE  VAME  STHEEL ADDRESS  CITY ST. ZIP  THE	of agent, or both, in the State of Fin, and accept the obligations of Segustries, based or privide mank of registered.  OFFICERS  DPT  MILEY, LAMAR  5604 W. MILEY RD  PLANT CITY FL  DVS	forida. Such change was section 607.0505, Florida agent and titin if applicable AND DIRE CTORS	s authorized by a Statutes. (NOTE: Re	the above-nary the corporate Agent :  13.  1.1 Title  1.2 NAME  1.3 STREEL A	ration's boar signature required	d of directors. I hereby accept the ap	ourpose of opointment	changing its as registered E WID DIRECTO	DRS IN 12
OF FEGISTER  FAMILIAN WID  SIGNATURE  S  12.  ITLE  VAME  STHEEL ADDRESS  DITY ST. ZIP  TILE  VAME  VAME	ad agent, or both, in the State of Fin, and accept the obligations of Segretaria, byweller priviled many of registered.  OFFICERS  DPT  MILEY, LAMAR  5604 W. MILEY RD  PLANT CITY FL  DVS  MILEY, EDITH W.	Torida, Such change was Section 607.0505, Florida agent and the representation of the Property of the CTORS	s authorized by a Statutes. (NOTE: Re	ne above-na y the corporate Agents 13. 1.1 Title 1.2 NAME 1.3 STREEL A 1.4 CITY-ST- 2 1 Title 2.2 NAME	ration's boar signature required  iDDRESS -ZIP	d of directors. I hereby accept the ap	ourpose of opointment	changing its as registered with DIRECTO	DRS IN 12
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