

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K88168

1. Corporation Name

EL PUNTO MOBIL HOMES, INC.

Principal Place of Business

5391 ANGUS AVE.  
ORLANDO FL 32810

Mailing Address

5391 ANGUS AVE.  
ORLANDO FL 32810

2. Principal Place of Business

21 Suite, Apt #, etc.

2a. Mailing Address

26 831 Myjt-C Oak Pl.

27 Suite, Apt #, etc.

22 City & State

23 Zip

28 City & State

29 APT 9A, FCA.

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Country

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9. Name and Address of Current Registered Agent

CICCARELLO, SALVATORE  
3320 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE D  
NAME CICCARELLO, SALVATORE  
STREET ADDRESS 5391 ANGUS AVE.  
CITY-ST-ZIP ORLANDO FL 32810

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME BRENDA L. MCGUANE  
STREET ADDRESS 5391 ANGUS  
CITY-ST-ZIP ORLANDO FL

DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

*Brenda L. McGuane*

3/15/99

(407) 247-4011

Daytime Phone #

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90121 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1989

4. FEI Number

59-3115786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax.  Yes  No

8. 10. Name and Address of New Registered Agent

CR2E034 (11/98)