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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**

 Corporation 	MENT # M10618 O TRAILER PARK, INC.	3							
Principal Place	e of Business	Mailing Address	•				21 18 11 215 11 816		1831 81911 1881
1170 N.W. 79 S	**	2634 JOHNSON ST.							
MIAMI FL 33150 HOLLYWOOD FL 33020									
						DO NOT WRIT	E IN THIS S	SPACE	
						3. Date Incorporated or Qualifed 01/29/1985			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2577242			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27							quired
City & State	9	City & State		-		6. Election Campaign Financing		\$5.00	
23		2 28	O			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curre			□No
24	9. Name and Address of Curren		o 			Personal Property Tax. 10. Name and Address of New R			
	9. Name and Address of Curren	r vedistelen våenr	8	1 N	ame	10. Hame and Address of New I.	08.010.00	3	
SPIE	GELMAN, ROBERT I.		L						
19 WEST FLAGLER ST.			8	32 S	treet Addres	ss (P.O. Box Number is Not Accepta	ble)		j
# 518			a	33					
MIAMI FL									
			8	34 C	ity		FL	85 Zip C	ode
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 AN		13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
TITLE	·		1.1 TITLE	Ē				Change	Addition
NAME	COLE, MITCHELL		1.2 NAME						ļ
STREET ADDRESS	2834 JOHNSON ST.	001107		EET ADI	DRESS				
CITY-ST-ZIP	HOLLYWOOD EL			-ST-ZIF	1				
TITLE			2.1 TITLE				**	☐ Change	☐ Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	EET ADI	ORESS				
CITY-ST-ZIP	•		2, 4 CITY	∕-ST- Z I	p			•	_
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAM	Ē	- 1	-,			İ
STREET ADDRESS	and the same of the same of the same		3.3 STRE	EET ADO	DRESS				
CITY-ST-ZIP			3.4. CITY		i				
TITLE		☐ DELETE	4.1 TITUE					Change	Addition
NAME			4. 2 NAM	Æ					}
STREET ADDRESS			4.3 STRE		DRESS				
CITY-\$T-ZIP	•		4.4 CITY						
TITLÉ	· 	☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME		•	5.2 NAM	E					
STREET ADDRESS			5.3 STRE	EET ADI	DRESS				ļ
CITY-ST-ZIP			5.4 CITY	-ST-ZIF	•				
TITLE		☐ DELETE	6.1 TITLE	Ē				Change	☐ Addition
NAME			6.2 NAM	E	į				

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS