SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(7)

SUNSET COLONY MOBILE HOME PARK, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address		- 4 (COLORA) 401. DIANS TRADE SINDED TITLE EITH DIBNE DIANS DIANS DIANS DIRECTOR OF DES BIRTH SCORE
2400 W. BROW	ARD BLVD.	2400 W. BROWARD BLVD.			
FT. LAUDERDA		FT. LAUDERDALE FL 33312			
US		US			DO NOT WRITE IN THIS SPACE
ļ	•				3. Date Incorporated or Qualified
ł					08/11/1987
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2833505 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the current year Intengible
24	25	L ·	30	•	Personal Property Tax due June 30. Yes No
231	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent
				1 Name	
	P DAY AVE				
				Street Addr	ess (P.O. Box Number Is Not Acceptable)
i Miai	M) FL 3 3133			3	
			ľ	13	
			1	4 City	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	Signalufe, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature req	uired when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 TITLE	!	Change Addition
NAME	YAWITT, ROBERT A		1.2 NAM	E .	·
STREET ADDRESS	65 ARNOLD RD		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA		1.4 CiTY	ST-ZIP	
TITLE	CPC	DELETE	2.1 TITLE		Change Addition
NAME	SEPLER, RICHARD M		2.2 NAM	E	
STREET ADDRESS	2997 DAY AVE		•	ET ADDRESS	
1	MIAMI FL				
CITY-ST-ZIP TITLE	MINIMI FL	Пъпе	2.4 CITY		T AL.
	<u>-</u>	DELETE	3.1 HILL 3.2 NAM	- 1	Change Addition
NAME					-
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			3.4 CITY		
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4.2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM	E	— · — · ·
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	1	
TITLE		DELETE	6.1 TITLE		Change Addition
1	İ	[] VCLC IC		1	Change C Addition

6.3 STREET ADDRESS

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.

FILED

Jul 22 1998 8:00am

Secretary of State