SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:06

DOCUMENT # **M97565** **(9)**

1. Corporation Name
ORCHID ACRES MOBILE HOME PARK, INC.

Principal Place of Business	Mailing Address
1846 HEMPSTEAD TPKE P.O. BOX 174 EAST MEADOW NY 11554	1846 HEMPSTEAD TPKE P.O. BOX 174 EAST MEADOW NY 11554

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/08/1988**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26): P.O. Box 174
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): EAST MEADOW
Zip (24): Country (25):
Zip (29): 11554 County (30): NASSAU

4. FEI Number: **05-0103261** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BADAMO, PAUL
2666 NELSON COURT
~~**SUITE 1**~~
FT LAUDERDALE FL 33332

10. Name and Address of New Registered Agent

81 Name: BADAMO PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 2666 NELSON COURT
83: NO SUITE #
84 City: FT. LAUDERDALE FL 85 Zip Code: 33332

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	President ☑ Change ☐ Addition
NAME	BADAMO, PAUL G.	12 NAME	BADAMO PAUL
STREET ADDRESS	10 BROADWAY	13 STREET ADDRESS	2666 NELSON CT.
CITY-ST-ZIP	MASSAPEQUA PARK NY	14 CITY ST ZIP	FT. LAUDERDALE FL. 33332
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	TARANTINO, ANTHONY S.	22 NAME	
STREET ADDRESS	135 26TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	COPIAGUE NY	24 CITY ST ZIP	
TITLE	DV	31 TITLE	VICE PRESIDENT ☑ Change ☐ Addition
NAME	DEUTSCH, STEPHEN H.	32 NAME	DEUTSCH, STEPHEN
STREET ADDRESS	3494 E. BAY CT.	33 STREET ADDRESS	16300 GOLFCLUB ROAD
CITY ST ZIP	MERRICK NY	34 CITY ST ZIP	FT. LAUDERDALE, FL. 33326
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 6-17-95 305-389-1018
SIGNATURE AND TITLE OF PERSON AUTHORIZED SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176220 VP