
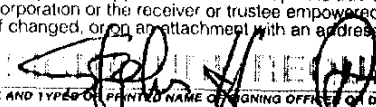


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS																																																																																											
DOCUMENT # M97565 (9)																																																																																													
1. Corporation Name ORCHID ACRES MOBILE HOME PARK, INC.																																																																																													
Principal Place of Business 1000 W. ... P.O. BOX 812616 Boca Raton - Florida 33481		Mailing Address P.O. BOX 812616 1000 W. ... Boca Raton, Florida 33481																																																																																											
2. Principal Place of Business 21208 B St Boca Raton Florida 33481		2a. Mailing Address P.O. Box 812616 Boca Raton, Florida 33481																																																																																											
Suite, Apt. #, etc. Florida		Suite, Apt. #, etc. Florida																																																																																											
City & State Florida		City & State Florida																																																																																											
Zip 33433		Zip 33481																																																																																											
Country USA		Country USA																																																																																											
9. Name and Address of Current Registered Agent BADAMO, PAUL 2886 NELSON COURT FT. LAUDERDALE FL 33332																																																																																													
10. Name and Address of New Registered Agent 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 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																																																																																													
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14. I do 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.																																																																																													
SIGNATURE: 																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																													



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