


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08474** (1)
1. Corporation Name
PAN AMERICAN MOBILE HOME OWNERS ASSOCIATION INC.



Principal Place of Business C/O VINCENT MERO. PAN AMERICAN MHO ASSOC. 111 NW 68TH ST FORT LAUDERDALE FL 33309 US		Mailing Address C/O VINCENT MERO. PAN AMERICAN MHO ASSOC. 111 NW 68TH ST FORT LAUDERDALE FL 33309 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MERO, VINCENT 111 NW 68TH ST FORT LAUDERDALE FL 33309		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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PIT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERO, VINCENT	1.2 NAME	MERO, VINCENT
STREET ADDRESS	111 N.W. 68 STREET	1.3 STREET ADDRESS	111 NW 68th ST
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VIP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGETTI, PETER	2.2 NAME	TIMOTHY TOTH
STREET ADDRESS	131 N.W. 68 ST.	2.3 STREET ADDRESS	131 NW 68th ST
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAU EDWARD	3.2 NAME	
STREET ADDRESS	130 N.W. 69TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, (JOHN) FREDER	4.2 NAME	
STREET ADDRESS	87 N.W. 69 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARY E. BOGETTI
STREET ADDRESS		5.3 STREET ADDRESS	131 NW 68th ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WILLIAM A. ROBERTS
STREET ADDRESS		6.3 STREET ADDRESS	113 NW 69th ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] SIGNATURE: *[Signature]* MERO 1/6/98 954-TB-004

CR2E037 (10/97)