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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N43118 (1)
1. Corporation Name
CONNOR'S MOBILE OWNERS ASSOCIATION, INC.



Principal Place of Business: 2701 34ST. N.LOT 239 ST PETERSBURG FL 33713 US
Mailing Address: 2701 34ST. N.LOT 239 ST PETERSBURG FL 33713-3647 US

3. Date Incorporated or Qualified: 04/22/1991
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields including Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 59-3055341
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

PARADIS, KEN
2701 34ST. N.LOT 239
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Rows include: PARADIS, KEN; BURKE, VERNON R; ROGERS, BILL; BOON, TONY; MACDONALD, CHAS; BOULAIS, PAUL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes. Rows 1.1-6.4.

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

SIGNATURE: *Vernon R. Burke* Feb. 10, 1997 (813) 327-2713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050000

CR2E037 (9/96)