CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23978

1. Corporation Name
TRIANGLE MOBILE HOMES SALES, INC

Principal Place of Business
2377 N. MILFORD ROAD
HIGHLAND, MICHIGAN 48357

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-20-89
3a. Date of Last Report: 10-10-94

2. Principal Place of Business
21: 281 TROPICAL ISLES CIR.
22: Suite, Apt #, etc
23: City & State: FORT PIERCE, FL
24: Zip: 34982
25: Country: ST LUCIE

2a. Mailing Address
26:
27: Suite, Apt #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 38-2083537 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGER SHACKET
4140 NW 101 PA
CORAL SPRINGS, FL 33065

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 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: ROGER SHACKET — ROGER SHACKET — AGENT — 4-27-95
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	PRESIDENT DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	MAURICE SHACKET	12 NAME	
STREET ADDRESS	500 S. OCEAN DR #1001	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33432	14 CITY ST ZIP	
TITLE	V. P.	21 TITLE	☐ Change ☐ Addition
NAME	NEIL SILVERMAN	22 NAME	100001475921
STREET ADDRESS	30230 ORCHARD LK RD STE 220	23 STREET ADDRESS	-05/05/95--01020--025
CITY ST ZIP	FARMINGTON HILLS, MI 48334	24 CITY ST ZIP	****200.00 ****200.00
TITLE	SEC. TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	BEVERLY MAPES	32 NAME	
STREET ADDRESS	7776 TIPSICO LK RD	33 STREET ADDRESS	
CITY ST ZIP	HOLLY, MI 48442	34 CITY ST ZIP	
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	T.S. 5/3/95

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 if changed, or on an attachment with an address.

SIGNATURE: ROGER SHACKET — 4-27-95 — 407-418-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AGENT