

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P23978 (0)

1. Corporation Name

TRIANGLE MOBILE HOMES SALES, INC.



Principal Place of Business

Mailing Address

201 TROPICAL ISLES CIR
FORT PIERCE FL 34982

2377 N. MILFORD ROAD
HIGHLAND MI 48357

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

38-2083537

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

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Yes

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No

10. Name and Address of New Registered Agent

SHACKET, ROGER
4140 NW 101 DRIVE
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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

Signature of Registered Agent or Change of Agent and the applicable

(Signature of Registered Agent or Change of Agent required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHACKET, MAURICE
STREET ADDRESS 500 S OCEAN BLVD #1002
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VP
NAME SPIZIZEN, NEIL
STREET ADDRESS 30230 ORCHARD LAKE RD, STE. 220
CITY-ST-ZIP FARMINGTON HILLS MI

☐ DELETE

TITLE ST
NAME MAPES, BEVERLEY A.
STREET ADDRESS 7776 TIPSICO LAKE ROAD
CITY-ST-ZIP HOLLY MI 48442

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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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)(k), Florida Statutes. I further certify that the information included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)