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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23978

TRIANGLE MOBILE HOMES SALES, INC.

Country

25

Principal Place of Business Mailing Address 281 TROPICAL ISLES CIR 281 TROPICAL ISLES CIR FORT PIERCE FL 34982 FORT PIERCE FL 34982

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90022 012 ***155.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

×Νο

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

04/20/1989 4. FEI Number

38-2083537

| 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 choffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent alignature required when reinstating) DATE 12. | Yes | ZNO |
|--|-------------|--------------|
| SHACKET, ROGER 4140 NW 101 DRIVE CORAL SPRINGS FL 33065 84 City FL 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 ch 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 appointing 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 tise if accidable. 12. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE 12. NAME SHACKET, MAURICE 12. NAME STREET ADDRESS 500 S OCEAN BLUD #1002 13. STREET ADDRESS 500 S OCEAN BLUD #1002 13. STREET ADDRESS 500 S OCEAN BLUD #1002 22. STREET ADDRESS 500 S OCEAN BLUD #1002 23. STREET ADDRESS 500 S OCEAN BLUD #1002 24. GITY-ST-ZIP FARMINGTON HILLS MI DELETE 11. TITLE 11. DELETE 11. TITLE 12. NAME 13. STREET ADDRESS 13. STREET ADDRESS 14. GITY-ST-ZIP 15. ADDITIONS/CHANGE STO OFFICERS AND 15. STREET ADDRESS 16. THE STREET ADDRESS 16. THE STREET ADDRESS 16. THE STREET ADDRESS 17. ST-ZIP 1 | gent | |
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| ### City FL 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 charge or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD | | |
| CORAL SPRINGS FL 33065 84 City FL 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 choffice 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 appoint agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or persist name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND STEED TO DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND STEED TO STEED | | |
| 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 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 appointing 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. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND ITITLE NAME SHACKET, MAURICE 12 MAME STREET ADDRESS 500 S OCEAN BLVD #1002 13 STREET ADDRESS 600 S OCEAN BLVD #1002 14 GITY-ST-ZIP NAME SPIZIZEN, NEIL 22 NAME STREET ADDRESS 601Y-ST-ZIP NAME STREET ADDRESS 601Y-ST-ZIP NAME MAPES, BEVERLEY A. TROUBLY MI 40449: UNDEN, MI 48451 TITLE NAME STREET ADDRESS 601Y-ST-ZIP DELETE 13 STREET ADDRESS 61Y-ST-ZIP DELETE 14 GITY-ST-ZIP 15 TITLE NAME 15 STREET ADDRESS 61Y-ST-ZIP DELETE 15 TITLE NAME 15 STREET ADDRESS 61 STREET ADDRESS | | |
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| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby decept the obligations of. Section 607.0505, Floridal Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE PD MAME SHACKET, MAURICE STREET ADDRESS 500 S OCEAN BLVD #1002 DELETE 11. TITLE VP DELETE 11. STREET ADDRESS GITY-ST-ZIP TITLE ST MAPES, BEVERLEY A. STREET ADDRESS GITY-ST-ZIP MAPES, BEVERLEY A. STREET ADDRESS CITY-ST-ZIP HOLLY-MI-48442 LINDEN, MI. 14845. DELETE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND LINDEN AND STREET ADDRESS CITY-ST-ZIP DELETE AL TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE LINDEN MI. 484-S.) TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ST DELETE LINDEN MI. 484-S.) DELETE LINDEN MI. 484-S.) TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ST TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ST TITLE AL TITLE LINDEN MI. 484-S.) LINDEN MI. 484-S.) TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ST TITLE AL TITLE LINDEN MI. 484-S.) LINDEN MI. 484-S.) TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE ST TITLE AL TITLE | langing its | s registered |
| Signature upyed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required When reinstating) | ment as re | egistered |
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| RACITY-ST 7ID | | <u> </u> |
| 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 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 | y that the | information |

Country

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officer or director of the corporation or the receiver or trustee empowered and that my signature shall have the same regardened as it made throughout and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-18-99 (561) 468-4968
Date Daytine Phone #