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



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

1996

DOCUMENT # 1. Corporation Name P92000015513 (4)

HIGH	AND	MAKS	MORILE.	HOME	PARK, IN	C
I III CI II.	rviv		INCOULL	LICHNIL	FADA. III	

Principal Place of Business Mailing Address P.O. BOX 881 PINELLAS PARK FL 34664 PINELLAS PARK FL 34664										
		•		••			3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 05/11/1995		
	ace of Business		Mailing Address				4. FEI Number	Applied For		
21 Suite Ant	# etc	26	Suite, Apt. #, etc				59-3156103	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.			June, Apr. W. etc				5. Certificate of Status Desired	Fee Required		
City & State			City & State				6. Election Campaign Financing	□ \$5.00 May Be		
23		28	NO. S. ANDREWS CONTRACTOR OF THE STREET				Trust Fund Contribution	Added to Fees		
24 Zipl	Country Zip Co		8. This corporation has leability for intangible tax u		ntangible tax under s. 199 032, Yes No					
	9. Name and Address of Current		ered Agent	. [30]			10. Name and Address of New Reg			
.141.	ISSEN, DUANE H	···········			81	Name		To the contract of the contrac		
	8 38TH AVENUE NORTH				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33713					83					
					84	City		FL 85 Zip Code		
agent Lai SIGNATURE	Signature, Typed of printed hashed the political ager OF FICERS AND ST BAKER, GERALD P P.O. BOX 881 N/A PINELLAS PARK FL 34664 D	tions of,	Section 607.0505, Fig rappicable (NO	TE Begiste 13 11 12 13 14	itutés red Age TILLE NAME	ant's gnature requirements	ion's board of directors. Thereby accept	DATE		
NAME STREET ADDRESS CITY-ST-/ZIP	BAKER, KATHRYN 131 MONTEZUMA STREET LYONS NY 14489		DELETE	23 24	CITY - S	ADDRESS ST - ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY: ST: ZIP	PD PERRY, LAWRENCE 28 DEPEW AVENUE LYONS NY 14489			3 2 3 3 3 4.	CITY - S	ADDRESS ST-ZIP				
TITLE NAME STREET A DORESS CITY ST ZIP			DELETE	4 2 4 3	TITLE NAME STREET CITY-S	ADORESS IT - ZIP		Change Addition		
TITLE NAME STREET A-DORESS CITY-ST-DP			DELETE	52 53	TITLE NAME STREET CITY - S	ADDRESS IT-ZIP		Change Addition		
NAME (STREET ALIDRESS CITY-SIZiP 14. I do Feret	by certify that the information supplied	with thi	OELETE	62 63 64	CITY - S		alify for the exemption stated in Section 1	Change Addition 19.07(3)(K), Fiorida Statutes (

I. I do lereby 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 indicated on this annual report or supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if make under eath, 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 it changed or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.523.0729