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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047255

1. Corporation Name

SILVER	RLANE MC	IBILE HOME PAI	rk, inc.									
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VALRICO FL				O FL 33594							•	-
									DO NOT WE	RITE IN THIS	SPACE	
		•						3. Date Inco	rporated or Qualife	d		
								06/28/1	1993			
Principal	Place of Busi	iness	2a, Mai	ling Address				4. FEI Numb			I Ap	plied For
21			26					59-319	3538			t Applicable
Suite, Ap	t. #, etc.		Suit	e, Apt. #, etc.							\$8.75	
22			27					5. Certificate	of Status Desired		. Fee Re	
City & Sta	ate	,	City	& State			, , , , , , , , , , , , , , , , , , , ,	6. Election C	Campaign Financing	1	\$5.00	May Be
23	1		28					I	d Contribution	' 🗆 .	Added t	
Zip		Country	Zip		Cour	ntry		8. This corpo	oration owes the cu	rrent vear In		
24	25 29 30				30			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No				
	9, Name	and Address of Cur	rent Registered	Agent					d Address of New	Registered	Agent	
	-		~ 1		,	81	Name			_		
	enfield, M		5 - F -			00	04	(0.0.0. 1)				
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BR/	andon fl	33594				83					The AMERICA	1.181 EU 181
		•						1,61	^{र हो} ई प्रदेश से हो।		前沙湾	
	-					84	City	••		FL	85 Zip C	ode
11. Pursuan	t to the provis	sions of Sections 607.	0502 and 607.15	08 Florida Statu	tes the ab	nve-	named como	ration submits t	his statement for the		changing its	registered
							ne corporation	s board of dire	ctors. I hereby acce	ept the appoi	ntment as reg	jistered
agent, r	am lamilal w	ith, and accept the ob	ligations of, Sect	ion 607.0505, Fic	orida Statu	tes.						
SIGNATURE	Slansture typer	or printed name of registered	agent and title if applic	able (MOTE	E: Dagistared /	A a a a a a		when reinstating) :	,	DATE		
12.			AND DIRECTO		13.	ngoni :	signature raquilau v		S/CHANGES TO O		ID DIRECTO	DC IN 12
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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 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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90025 002 ***150.00