FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000087068 (1)

DOCUMEN [*] 1. Corporation Name	Γ#	P9300	8000
MODERNAGE	HOME	RUII DERS	INC

Data da al Dica	(D '					FBIAL 8810 1881 1881 1981 1986 1881 1881 1881		
	e of Business	Mailing Address						
5799 N.W. 38TH TERRACE BOCA RATON FL 33496		5799 N.W. 38TH TERRAG BOCA RATON FL 33496	5799 N.W. 38TH TERRACE					
DOOR HAIC	MITC WAS	DOOR HATON FE 30450				To- D		
					3. Date Incorporated or Qualified 12/21/1993	3a. Date of Last Report 05/01/1995		
2. Principal F	Place of Business	2a. Mailing Address	**		4. FEI Number	Applied For		
21		26			65-0458178	Not Applicable		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & Sta	le	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	T 0	28			Trust Fund Contribution	Added to Fees		
Zip 24	Country	Zip	Country 30		8. This corporation has liability for i			
24	9. Name and Address of Cu	∦ 29 Irrent Registered Agent	30]		10. Name and Address of New R	<i>F</i>		
			81	Name	II. Hamound Padroco of How II	oglorator Agoin		
RIBEN	ISTEIN, SYLVIA				di IR O. R. Nilla C. Nilla			
	W 38 TERRACE		82	Street A	ddress (P.O. Box Number is Not Acceptable	e)		
	RATON FL 33496		83	· · · · ·		-1		
500/11	101101112 00100		84	0.4		leel 7. Oak		
			84	City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the above-	named corp	poration submits this statement for the purpoard of directors. I hereby accept the appo	pose of changing its registered office		
familiar v	vith, and accept the obligations of,	Section 607.0505, Florida Statutes.	o by the corp	oranor 3 b	round of directors. Thereby accept the appoint	Militario agent. Fam		
SIGNATURE.		ustein			· · · · · · · · · · · · · · · · · · ·	97/1/96		
12.	Signature Aped or printed name of registered OFFICERS	agent and title if applicable. (NOTI	E: Registered Ager	I signature req	juired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE	DT	DELETE	1. 1 TITLE		ASSITIONS STANGES TO STA	Change Addition		
NAME	RUBENSTEIN, SYLVIA		1.2 NAME					
STREET ADDRESS			1.3 STREE1	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 C(TY~S	j				
TITLE		☐ DELETE	2 1 TITLE			Change Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2.4 C/TY - S	17- 2 1P				
TITLE		☐ DELETE	3 1 TITLE			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS			3 3. STREE	I ADDRESS				
CITY-ST-ZIP			3.4 CITY - S	T - ZIP				
TITLE		DELETE	4.1 TITLE			Change Addition		
NAME			4.2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	IT - ZIP				
TIFLE		☐ DELETE	5. 1 TITLE	•		Change Addition		
NAME			5.2 NAME	-				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		FTI DELETE	5.4 CITY- S	IT-ZIP				
TITLE		☐ DELETE	6.1 TITLE	•		Change Addition		
NAME			6 2 NAME	1				
STHEET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	T-ZIP				

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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

- 1 | 1004| 1011 | 1550 | 1050 | 1151 | 1015 | 1015 | 1015 | 1015 | 1015 | 1015 | 1015 | 1015 | 1015 | 1015 |