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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000076594 (8)**

1. Corporation Name
FOR SALE - MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
5450 GRIFFIN RD. #A-2 DAVIE FL 33314	5450 GRIFFIN RD. #A-2 DAVIE FL 33314-4535

3. Date Incorporated or Qualified: 10/17/1994	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0534121	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4300 SW 64 Ave	26 4300 SW 64 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Davie FL	City & State 28 Davie FL
Zip 24 33314 Country 25 USA	Zip 29 33314 Country 30 USA

9. Name and Address of Current Registered Agent

STONE, S A
5450 GRIFFIN RD. #A-2
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: Roffey Robert C. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 SW 64 Ave
83
84 City: Davie FL 85 Zip Code: 33314

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: Robert C. Roffey Jr — 1-7-97
Signature of, and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROFFEY, ROBERT C JR		1.2 NAME		
STREET ADDRESS	7570 SW 42 PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROFFEY, SELBY A		2.2 NAME		
STREET ADDRESS	7570 SW 42 PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROFFEY, ROBERT G		3.2 NAME	Roffey, Robert C Jr	
STREET ADDRESS	7570 SW 42 PLAC		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ROFFEY, SELBY A		4.2 NAME		
STREET ADDRESS	7570 SW 42 PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE DL		4.4 CITY-ST-ZIP	Davie FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Robert C. Roffey Jr — 1-7-97 — 954-791-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #