## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morti am

Secretary of Sta DIVISION OF CORPORATIONS

DOCUMENT # P94000084623 (5)

DEAL DIRECT MOBILE HOME SALES, INC.

Principal Place of Business Mailing Address

**FILED** Feb 16 1998 8:00am Secretary of State

10413-17 US HWY 92 EAST TAMPA FL 33610 US		10413-17 US HWY 92 EAST TAMPA FL 33610 US			DO NOT WRITE IN THIS SPACE					
					3	Date Incorporated or Qualified 11/16/1994				
2	Principal Place of Business	Mailing Address			4	. FEI Number			Applied For	
21						59-3284020			Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5	. Certificate of Status Desired			75 Additional e Required	
23		City & State			6	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24		Ζφ 29 30	Count	try	8	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
<del>TAMPA FL 03010</del> Riverview, FL. 33569				31	Name					
				12	Street Address (	reet Address (P.O. Box Number is Not Acceptable)				
				3						
					City		FL	1 - 1	Zip Code	
1	<ol> <li>Pursuant to the provisions of Sections 607.0502 at</li> </ol>	nd 607.1508, Florida Statutes,	the abo	ve-	-named corporation	on submits this statement for the r	ourpose of	changir	no 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 (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D DELETE TITLE Change Addition NADIN, MARIE D NAME 1.2 NAME 10413-17 US HWY 92 EAST STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33610** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DEL ETE THILE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP TITLE DLLFTE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY- \$1-ZIP

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 suppliemental 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 altachment with an address.

2/-100