

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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90096 050 \*\*\*150.00

DOCUMENT # P95000051073

1. Corporation Name

NEW ENGLAND MOBILE ESTATES, INC.

Principal Place of Business

600 S.W. 62ND AVENUE  
HOLLYWOOD FL 33023

Mailing Address

77 EAST LONG LAKE  
BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

65-0591972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, ROBERT S  
7027 MANDARIN DR.  
BOCA RATON FL 33433

81 Name

DAVIS, ROBERT S.

82 Street Address (P.O. Box Number is Not Acceptable)

600 S.W. 62ND AVENUE

83

84 City

HOLLYWOOD

FL

85 Zip Code

33023

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, 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

Signature, typed or printed name of registered agent and title if applicable

ROBERT S. DAVIS PRESIDENT

DATE

3-31-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DAVIS, ROBERT S  
STREET ADDRESS 7027 MANDARIN DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

DAVIS, ROBERT S.

1.3 STREET ADDRESS

600 S.W. 62ND AVENUE

1.4 CITY-ST-ZIP

HOLLYWOOD, FL. 33023

TITLE STD ☐ DELETE

NAME DAVIS, SANDRA  
STREET ADDRESS 7027 MANDARIN DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE

STD

☒ Change ☐ Addition

2.2 NAME

DAVIS, SANDRA

2.3 STREET ADDRESS

600 S.W. 62ND AVENUE

2.4 CITY-ST-ZIP

HOLLYWOOD, FL. 33023

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DAVIS

DATE

3-31-99

DAYTIME PHONE #

248-642-1180

CR2E034 (11/98)