

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055327 (7)

1. Corporation Name

PAYLESS MOBILE HOME SALES CO.



Principal Place of Business

Mailing Address

8084 W MCNAB RD
SUITE 70
NORTH LAUDERDALE FL 33068

8084 W MCNAB RD
SUITE 70
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

2a. Mailing Address

21 13110 W. STATE ROAD 84

26 13110 W. STATE ROAD 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DAVIE, FLORIDA

28 DAVIE, FLORIDA

Zip

Country

Zip

Country

24 33325

25 BROWARD

29 33325

30 BROWARD

9. Name and Address of Current Registered Agent

BLISS, ANTHONY J
6183 LIVE OAK CT #C
TAMARAC FL 33319

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME BLISS, ANTHONY J
STREET ADDRESS 6183 LIVE OAK CT #C
CITY-ST-ZIP TAMARAC FL 33319

1.1 TITLE ☐ Change ☐ Addition

TITLE DVS ☐ DELETE

NAME BLISS, JUDY A
STREET ADDRESS 6183 LIVE OAK CT #C
CITY-ST-ZIP TAMARAC FL 33319

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)