FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002958 (2)

FILED Feb 10 1998 8:00am Secretary of State

1, Corporation	S MOBILE HOME STEPS,	inc.			
Principal Place	e of Business	Mailing Address			TITO TIBES TAKET EHDT TÜTT KÖDL
U.S. HIGHWAY 80 EAST LIVE OAK FL 32060		P.O. BOX 1404 LIVE OAK FL 32080		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				01/08/1996	
2. Principal Place of Business		2a. Mailing Address	4.0	4. FEI Number	Applied For
Suite, Apt.	T - 1-1	26 P.O. Box 12	10	59-3363024	Not Applicable
22 Suile, Apr.	#, eic	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Live Oak, F	lorida	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c	
24	25	29 32064	30		XX Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	i Agent
	RICANO, J. VICTOR ESQ.		of Name		
106 WHITE AVENUE Suite B			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
	E OAK FL 32060		83		
LIAI	E UAK FL 32000				
			84 City	F	85 Zip Code
office or reagent. Lai	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was lateurs of, Section 607,0505, Fl	authorized by the corpora	poration submits this statement for the purpose tition's board of directors. I hereby accept the ap	of changing its registered appointment as registered
Oldivatorie	Signature, hyperif or printed name of respective at an	· · · · · · · · · · · · · · · · · · ·	E. Registered Agent signature requ		
12.	DELICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change AX Addition
TH'LE NAME	SMITH, WALTER SR.	ן} טנגנונ		V 13/11/- 0 11 1 1	Li Change Aga Adolfon
STREET ADDRESS	P.O. BOX 1404 N/A		1.3 STREET ADDRESS	William C. Ward; Jr.	
CITY-ST-ZIP	LIVE OAK FL 32060			15044 61 st Road	
TITLE		DELETE	2 1 TITLE	Wellborn, Florida 32094	Change Addition
NAME		_	22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELFTE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE1 ADDRESS		
CITY-ST-ZIP		Decese.	3.4. CITY-ST-ZIP		1 0hanna 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		L. DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY - ST - Z/P 5.1 T/TLE		Change Addition
NAME		beccit	5.2 NAME		
STREET ADDRESS			53 STREET ADORESS		
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		
			-		100 100 100 100 100 100 100 100 100 100

14. Thereby 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607, Florida Statutes; and that my name appears in Chapter 607.

SIGNATURE:

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2/5/98

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