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

## Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P96000032319 (1) ABC MOBILE HOMES, INC. Principal Place of Business Mailing Address 3238 LANTANA ROAD 4410 ROYAL MANOR BLVD. LANTANA FL 33462 **BOYNTON BEACH FL 33436** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1996 Applied For 3238 Lanta 65-0483435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No Name and Address of Current Registered Agent Name and Address of New Registered Agent AUTEN, RUTH E 4410 ROYAL MANOR BLVD. 82 **BOYNTON BEACH FL 33436** 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of poration 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 constraint'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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE NAME **AUTEN, RUTH E** 1.2 NAME 4410 ROYAL MANOR BLVD. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-SI-78P 1.4 CHY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Block 12 or Block 13

FILED