

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90036 022 ***150.00

DOCUMENT # P96000037069

1. Corporation Name

FOUR STAR MOBILE HOMES OF ORLANDO, INC.



Principal Place of Business

7339 E COLONIAL DRIVE
STE 7
ORLANDO FL 32807
US

Mailing Address

7339 E COLONIAL DRIVE
STE 7
ORLANDO FL 32807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-3376395

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

REARDEN, KAREN L
4236 JACKSON STREET
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name

ROBERT F. BROWNING

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

7339 EAST COLONIAL DR #7

83

84 City

Orlando

FL

85 Zip Code

32807

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME REARDEN, KAREN L
STREET ADDRESS 7 WINDING CREEK WY
CITY-ST-ZIP ORMOND BEACH FL

TITLE V ☐ DELETE

NAME BROWNING, ROBERT F
STREET ADDRESS P O BOX 574993
CITY-ST-ZIP ORLANDO FL 32857

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME ROBERT F. BROWNING
1.3 STREET ADDRESS P.O. BOX 574993
1.4 CITY-ST-ZIP ORLANDO FL 32857

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME REARDEN, KAREN L
2.3 STREET ADDRESS 7 WINDING CREEK WY
2.4 CITY-ST-ZIP ORMOND BEACH FL.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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

Date

Daytime Phone #

2-1-99 407-3808900

CR2E034 (11/98)