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

**PROFIT CORPORATION** ANNUAL REPORT

1997



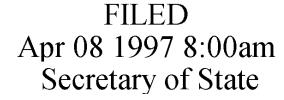
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000037129 (9)

MICKEY'S MOBILE HOME PARK, INC.





Principal Place of Business Mailing Address					. Tådtinder som sørstå åttes metst ådtet okset mesen flere inden state næte næte						
8085 N.E. 10TH AVENUE 8985 N.E. 10 MIAMI FL 33138 MIAMI FL 33			•								
	· = =							<b></b>			
	NEI CH ondere FI 33000	1					3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996				
2. Principal Place of Business		2a. Mailing Address 26	<del> </del>			4. FEI Number 696	78			pplied For lot Applicable	
Suite, Ap	1 #, etc	Suite, Apt. #, etc.	······································				<i>I.O.</i>			Additional	
22		27	27			5. Certificate of Status De	sired			lequired	
City & Sta	nte	City & State	City & State			6. Election Campaign Fina	incing				
23		28		- min		Trust Fund Contribution		Ц		to Fees	
Ζφ 24	Country 25	Zip [29]	30	intry		6. This corporation has lia Florida Statutes		ntangible ] Yes = [		s. 199.032,	
24]	9. Name and Address of Cur		1301		<del></del>	10. Name and Address of					
KN	IGIN, PAULA			B1	Name						
	85 N.E. 10TH AVENUE			82	Street Ade	dress (P.O. Box Number is Not A	ccentab	le)			
MU	AMI FL 33138				Oliobi Mo	oreas (i .C. Dox Hamber is Hot?	1000piao				
				83							
				84	City				<b>85</b> Zip	Code	
	nt to the provisions of Sections 607.				·			FL			
agent I	rregistered agent, or both, in the St ani familiar with, and accept the ob	oligations of, Section 607.0505,	Florida Stat	tutes.			by accet	и ине афр	Olikment as	registered	
	Signar en Appeal or protect name of registered	agent and title if applicable. (N AND DIRECTORS		d Ager	per erutangia tr	ulred when reinstating)	'O OFCIO	DATE	OIDEOTO	DC (N) 40	
12.	D	DELETE	13.	TIF	<u>-</u>	ADDITIONS/CHANGES 1	U OFFIC	EMS ANL	Change	Addition	
NAME	KNIGIN, PAULA		12 N		1						
STREET ADDRESS	8965 N.E. 10TH AVENUE		1.3 5	TAEET /	ADDRESS						
CITY - ST - ZIP	MIAMI FL 33138		1.4 0	ITY-ST	- ZIP						
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NAME			2.2 N								
STREET ADDRESS	3				ADDRESS						
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TITLE		☐ DELETE	6.1 TI			·			Change	Addition	
NAME			6.2 N	AME	-						
STREET ADDRESS			6.3 S	TREET A	ADDRESS						
CHTY - ST - ZIF			6.4 C	ITY-51	- ZIP						

14. I do 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.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING DESCER OR DIRECTOR