## 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** 

## DOCUMENT # **P96000052808**1. Corporation Name

CENTURY MOBILE MANOR, INC.

Principal Plac	e of Business	Mailing Address				
6735-54TH AVE		29605 US 19 N.				,
ST. PETERSBU	RG FL: 33710	#1360		DO NOT WEIT	E IN THIS SPACE	
US		CLEARWATER FL 34621 US		Do NOT WKIT      The second	E IN THIS SPACE	
		00		06/20/1996		
o Delevis de D	Here of Discipose	2a. Mailing Address		4. FEI Number		Applied For
Z. Principal P	lace of Business		•	59-3387130	<b>⊢</b>	Not Applicable
21   Cuita Ant		Suite, Apt. #, etc.		39-3307 130	\$8.7	5 Additional
Suite, Apt.		_		5. Certifcate of Status Desired	1 1	Required
City & Stat		City & State		6 Flories Compains Financias		
<del>_</del> 1		<b>⊢</b> , ',''		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Country		-	ed to rees
—		<del></del>	30	This corporation owes the curre     Personal Property Tax.	ent year intangible	DarNo.
24	9. Name and Address of Current R		30	10. Name and Address of New R		
	9. Name and Address of Current N	reflection whall	81 Name	to. Italia alla Addisso di Italia	-9-proton Charit	
PEA	SE, THOMAS E CPA	The second of th	[ ,,,,			
	ERION CENTER, SUTIE 130	•	82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)	
	05 U.S. HIGHWAY 19 NORTH		83	A STANIS CONTRACTOR OF THE STANISH CONTRACTO	L BALLER FLAN SERRE STREET	(40) ENGT 400 (42)
	ARWATER FL 34621		63			
	ARTIVATER LE G-1021		84 City	<u></u>	<b>85</b> Z	ip Code
gyor Tares a c	to the provisions of Sections 607.0502 a	ar	.		<u> </u>	
	edistared agent or both in the State of I				i ine aoboiniment as	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90035 037 \*\*\*150.00