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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000013685 (7)

## **FILED** Apr 07 1998 8:00am Secretary of State

MANUFACTURED HOUSING CONSULTING, INC. Principal Place of Business Mailing Address 11649 SOUTHWEST 11TH MANOR 11649 SOUTHWEST 11TH MANOR FORT LAUDERDALE FL 33325-3909 FORT LAUDERDALE FL 33325-3909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/11/1997 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 65 -- 0727668 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees 26 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHULTZ, RONALD J 11649 SOUTHWEST 11TH MANOR 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33325-3909 83 84 City 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELE TE TITLE Change ★ Addition Ronald J. Schultz NAME 1.2 NAME 11649 Southwest 11th Manor STREET ADDRESS 1.3 STREET ADDRESS Fort Lauderdale, FL 33325-3909 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELLTE Change ☐ Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-S1-2IP 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 if changed, or final an attachment with an address.

SIGNATURE:X

Ronald J. Schultzy

954-472-1463