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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 25 1998 8:00am

Secretary of State

(400)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700056611 (1)

BIG OAKS MOBILE HOME PARK, INC.

					AMAR AMAR AMAR MARKANIAN
Principal Plac	ee of Business	Mailing Address			OKINA DINA ANDI 11901 1191 1991
15076 STEF	AN AVE.	15076 STEFAN AVE.			
ORLANDO F		ORLANDO FL 32828		DO MOT MIDITE IN TAIL	2 004.05
1				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	STACE
ł				06/26/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3455610	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	10	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29 29	Country 30	8. This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	urrent year Intangible Di Yes No
24	9. Name and Address of Curr		1301	10. Name and Address of New Registere	
Di	HILLIPS, R P		B1 Name		
	NORTH THORNTON AVE.			INDU ERIKSSON	
ORLANDO FL 32801				ress (P.O. Box Number is Not Acceptable) 5076 STEPAN AVENUE	
	INDENDO I E OLOUI		83		
:			84 City		85 Zip Code
			OF	RLANDO F	<u>L 32828</u>
I office or t	registered about for both, in the Sta	ite of Florida. Such change was	s authorized by the cornoral	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered opointment as registered
agent la	im familiar with, and accept the obl	ligations of, Section 607.0505, I	Florida Statutes.	· · · · · · · · · · · · · · · · · · ·	- ~~
SIGNATURE	Singly Street or printed name of registered a	- BINDU E	PINSON (P) OTE: Registered Agent signature requi	RESIDENT) 3-	20-48
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONAL TO CIT TO CATO	☐ Change ☐ Addition
NAME	ERIKSSON, BINDU D		1.2 NAME		•
STREET ADDRESS	1912 HOUNDS LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVDA, MARK B		2.2 NAME		
STREET ADDRESS	844 O'BERRY HOOVER RD) .	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		2.3 STREET MOUNESS		
TITLE	UNDANIDO FL 32023		2.4 CITY-ST-ZIP		
NAME	ONLANDO FL 32023	☐ DELETE			☐ Change ☐ Addition
	ONLANDO FL 32823		2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS	UNLANDO FL 32023		2. 4 CHY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP	UNLANDO FL 32023	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
	UNLANDO FL 32023		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME	UNLANDO FL 32023	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	UNLANDO FL 32023	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNLANDO FL 32023	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	UNLANDO FL 32023	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	UNLANDO FL 32023	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNLAUNDO FL 32023	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	UNLAUNDO FL 32023	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNLAWDO FL 32023	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition Change Addition

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 on an attachment with an address.