PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000032191

1. Corporation Name

PALM BEACH MOBILE HOMES, INC.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90055 047 ***150.00



Principal Place	o of Business		Mailing Address		4 (MB1100) isa ingul intel dalah matin adian ili	IA (1681 HAIA ININI II	101 1001
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7516 OAKBORO DRIVE LAKE WORTH FL 33467			7516 OAKBORO DRIVE LAKE WORTH FL 33467				
TAVE MORIH	FL 33407		CAVE MODIULLE 39401		DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		
					04/06/1998		- 1
2 Principal P	lace of Business		2a. Mailing Address		4. FEI Number	Apr lied f	For
- ~ ^ ~		OS NESSO	26 3923 LAKE	most by	65-083-3353	Not Appl	
		-		000000	03-093 2003	\$8.75 Additio	$\overline{}$
Suite, Act.			Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required	
			27 # 108	Δ			
City & Stat		4	City & State	- 61	6. Election Campaign Financing	\$5.00 May E	
	No more	- +C	28 LAKE WORK		Trust Fund Contribution	Added to Fee	s
Zip	Cour	PŽ	Zip	Country (A	8. This corporation owes the current year intan		
24 3346			29 33463 3	0 0311	T Ground I T T D P G T T T T T T T T T T T T T T T T T T	Yes No	•
	9. Name and Add	ress of Current	Registered Agent		10. Name and Address of New Registered A	gent	
BOE	OLIN 4414EO			81 Name (eline Breslin		
	SLIN, JAMES			82 Street Acd	ress (P.O. Box Number is Not Acceptable)		
	OAKBORO DRIVE			รัล๊ล๊ล๊	7 Shope Creek LANG		
LAKI	e worth fl 33467	•		83			
				84 Sity Sayer	TON BON FL	85 Zip Code_	7
44 Dunner	to the province of Co	otions ED7 DE02	and 607 1509 Florida Statutes		poration submits this statement for the purpose of ch		
office cr (registered agent, or bo-	 h. in the State of 	Florida. Such change was auth	norized by the corporation	on's board of cirectors. I hereby accept the appoint	nent as reg stere	ed
agent. ⊨a	m familiar with, and ac	cept the obligati;	ons of, Section 607.0805 Fund	a Sterfuters.	1/22/59		
SIGNATURE	YRUS, DON	celine (Keslin Celis		<u> </u>		_ {
	Signature, typed or printed na			egistered Agent signature require		DIDECTORIO II	140
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		Addition
TITLE	D		□ DELETE	1.1 TITLE	sign of the	™ Cuande □	Addition
NAME	BRESLIN, JAMES						
STREET ADDRE 3S	7516 OAKBORO [Drive		1.3 STREET ADDRESS (-2)	·	> 1 4 5 m	i
CITY-ST-ZIP	LAKE WORTH FL	33467		1.4 CITY-ST-ZIP	raisall the horns	32437	
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CITY-ST-ZIP				34, CITY-ST-ZIP			4 1 1/4
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CITY-ST-ZIP	1			4.4 CITY-ST-ZIP			
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NAME							
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STREET ADORES S CITY-ST-ZIP			☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐	Addition

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 suppliemental 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 resistee 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 for on an attach next with an address, with a Lother like empowered.

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR