

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:47

DOCUMENT # S46456 (7)

1. Corporation Name
MOBILE HOMES 'ARE' US, INC.

Principal Place of Business: **4750 CAREFREE TRAIL WEST PALM BEACH FL 33415**
Mailing Address: **4750 CAREFREE TRAIL WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1991** 3a. Date of Last Report: **07/06/1994**

4. FEI Number: **65-0259940** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under § 110.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2781 AND AVE N**
22. Mailing Address: **22 OFFICE**
23. City & State: **23 LAKE WORTH FL**
24. Zip: **24 33461-4663** 25. County: **25 PALM BEACH**

9. Name and Address of Current Registered Agent
**JULIAN, DANIEL
4750 CAREFREE TRAIL
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: **FL** 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
TITLE: D	NAME: JULIAN, DANIEL	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4750 CAREFREE TRAIL	CITY, ST, ZIP: WEST PALM BEACH FL	1.2 NAME: _____	
		1.3 STREET ADDRESS: 2781 AND AVE N, OFFICE	
		1.4 CITY, ST, ZIP: LAKE WORTH FL 33461-4663	
		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME: _____	
		2.3 STREET ADDRESS: _____	
		2.4 CITY, ST, ZIP: _____	
		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME: _____	
		3.3 STREET ADDRESS: _____	
		3.4 CITY, ST, ZIP: _____	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME: _____	
		4.3 STREET ADDRESS: _____	
		4.4 CITY, ST, ZIP: _____	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME: _____	
		5.3 STREET ADDRESS: _____	
		5.4 CITY, ST, ZIP: _____	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME: _____	
		6.3 STREET ADDRESS: _____	
		6.4 CITY, ST, ZIP: _____	

14. I do hereby certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report for 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 provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not an officer or director of the corporation.

SIGNATURE: _____ DATE: **6-20-95 (407)**
407 967-9942 947-9912

CR2E034 (3/95)