1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

							 [
1. Corporation r	IENT # S6677(MOBILE HOMES, INC.)	. •				
Principal Place of	of Business	M	ailing Address				[] [] [] [] [] [] [] [] [
7024 SAN SABASTIAN AVE JACKSONVILLE FL 32217			7024 SAN SABASTIAN AVE JACKSONVILLE FL 32217 US			,	DO NOT WRITE IN THIS SPAC
							3. Date incorporated or Qualifed 07/10/1991
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number 59-3075280
Suite, Apt. #,	etc	27	_Suite, Apt#, etc	- , -			5, Certificate of Status Desired F
City & State		28	City & State			•	6. Election Campaign Financing Trust Fund Contribution
Zip	Country 25	29	Zip	Coul	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
	9, Name and Address of Curre	ent Regis	tered Agent				10. Name and Address of New Registered Agent
					81	Name	
7024 S	MAN, WAYNE W SAN SABASTIAN AVE				82	Street	Address (P.O. Box Number is Not Acceptable)
JACKS	ONVILLE FL 32217				83		
					84	City	FL 85
Office or rea	the provisions of Sections 607.00 sistered agent, or both, in the Star familiar with, and accept the obligions.	te of Flori	da. Such chande was a	utnorizea	I DV	пе согрс	corporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointment
SIGNATURE	Ignature, typed or printed name of registered a	mont and tid-	3 poplicable (MOTE	- Remetered	Agen	sionature re	equired when reinstating) DATE
12.	Ignature, typed or printed name of registered a OFFICERS			13.	- ngari	grication or th	ADDITIONS/CHANGES TO OFFICERS AND DIR
)		DELETE	1.1 TI	πE	•	
				4.0014			

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90088 028 ***150.00



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

Yes

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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or private name of registered agent and the if applicative. (NOTE: Registered Agent signature required when reinstating) DATE				84	City			FL	85 Zip C	code
Signature, typed or printed name of registared agent and title if epplicables. (NOTE: Registered Agent signature required when remaintaing) DATE: DATE: DELETE 1.1 TITLE DELETE 1.1 TITLE DAME DELETE 1.2 NAME DELETE 1.3 STREET ADDRESS DATE: DELETE DELE	office or re	egistered agent, or both, in the State of Florida, Such	ı chande was author	izea dv tr	named corpo ne corporatio	oration submits thin's board of direc	s statement for the	e purpose of	changing its ntment as req	registered gistered
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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	da Ibaaabii	certify that the information supplied with this filing do	s not qualify for the	exemptio	n stated in S	ection 119.07(3)(i), Florida Statute	s. I further cer	tify that the i	information Lam an

officer or director of the corporation of 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.

SIGNATURE: