PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90147 037 ***150.00

DOCUM	MENT	# \	/496	20

1. Corporation	MENT # V49620 TRAILER PARK, INC.			L IDAN CHAN HAND IAND BUIL NAN CON CONT.		
Principal Place	e of Business	Mailing Address				
1610 4TH STRE TAFT FL 32824		1610 4TH STREET TAFT FL 32824				
MET PL 32024	•	170 1 1 6 4644		DO NOT WRITE IN THIS	SPACE	
				3. Date incorporated or Qualifed		1
				07/08/1992 4. FEI Number	LAnn	Med For
— `	lace of Business	2a, Mailing Address		59-3153990	<u></u>	Applicable
21 Suite, Apt.	# etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 A	
22		27		B. Certificate of Status Desired.	Fee Req	pired =====
City & Stat	B	City & State		6. Election Campaign Financing	\$5.00 A	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	This corporation owes the current year int Personal Property Tax.		□No
24	9. Name and Address of Current	29 3	<u> </u>	10. Name and Address of New Registered		
	9. Name and Address of Current	t Meditteren villen	81 Name			
KRE	MER, GEORGE F.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
1610	O 4TH ST.		62 Street Audin	ess (P.O. DOX NOTION IS NOT POOPERAD)		
ORL	ANDO FL 32824		83			
			84 City	PI	85 Zip Co	ode
				FL		- detained
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes of Florida, Such change was auti	, the above-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby eccept the appoi	changing its r ntment as regi	istered
agent, la	m familiar with and accept the obligat	ions of Section 607,0505. Florid	a Statules.			
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SIGNATURE	Juin X	llem		4-11	1-//	<u> </u>
SIGNATURE	* /. / - */	a smil (the if applicable. (NOTE-B	egistered Agent signature required	4-11	ID DIRECTOR	<u> </u>
	Signature, typed or printed narge place patered agent	a smil (the if applicable. (NOTE-B	egistered Agent signature required	d when reinstating) DATE		<u> </u>
SIGNATURE	Signifiare, typed or printed naring of explanational agent	a and the if applicable. (NOTES)	egistered Agent algnature required	d when reinstating) DATE	ID DIRECTOR	<u> </u>
SIGNATURE 12. TIME	Signature, typed or privated naring of suppliered agent OFFICERS AN D KREMER, SHERRY L 1610 4TH STREET	a and the if applicable. (NOTES)	egistered Agent algrature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating) DATE	ID DIRECTOR	<u> </u>
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signifure, typed or primary naring of suppliered agent OFFICERS AN D KREMER, SHERRY L 1610 4TH STREET TAFT FL	a mrd (the if applicable. (NOTEL)	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstating) DATE	D DIRECTOR	RS IN 12
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I hereby certify that the information supplied with this filing does no indicated on this annual report as supplemental annual report is true officer or director of the corporation or the receiver or trustee empo Block 12 or Block 13 if changed, or on an attachment with an address. exemption stated in Section 119.07(3)(i). Florida Statutes. I further cerury that the information and that my signature shall have the same legal effect as if made under catt; that I am an affect that my state that my same appears in this report as required by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE: