

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **822899** (1)

1. Corporation Name  
**PHOENIX MOBILE HOMES, INC.**



Principal Place of Business: **1330 CHARLESTOWN ROAD PHOENIXVILLE PA 19460**  
Mailing Address: **1330 CHARLESTOWN ROAD PHOENIXVILLE PA 19460**

2. Principal Place of Business: 21 Suite Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **06/06/1969** 3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **23-1570943** Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of person who is authorized to sign this report

Signature of person who is authorized to sign this report

DATE

**12. OFFICERS AND DIRECTORS**

12.1	PD <b>OVERSTREET, JAMES 1330 CHARLESTOWN RD. PHOENIXVILLE PA</b>	<input type="checkbox"/> DELETE
12.2	S <b>FIFER, ELIZABETH 1281 JANIC LAN BOX 157 BIRCHRUNVILLE PA</b>	<input type="checkbox"/> DELETE
12.3	T <b>FIFER, ELIZABETH 1281 JANIE LANE BOX 157 BIRCHRUNVILLE PA</b>	<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE
12.7		<input type="checkbox"/> DELETE
12.8		<input type="checkbox"/> DELETE
12.9		<input type="checkbox"/> DELETE
12.10		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	13 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	14 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	15 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	16 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	17 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	18 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	19 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	20 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	21 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12	22 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Elizabeth A. Fifer* **ELIZABETH A FIFER** 3/18/96 610-933-5627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (CORP SECRETARY & TREAS)

CR2E034 (12/95)