

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705769 (8)
 1. Corporation Name
REGENCY HOUSE, INC.



Principal Place of Business 2829 N.E. 30TH STREET FORT. LAUDERDALE, FL 33306-1953	Mailing Address 2829 N.E. 30TH STREET FORT. LAUDERDALE, FL 33306-1962
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3. Date Incorporated or Qualified 06/17/1963	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-1159328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VARTANIAN, JANICE E.
 2829 NE 30TH ST
 FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARTANIAN, JANICE E. 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV IAMMATTEO, JACK 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WALSH, GERTRUDE F. 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD VARTANIAN, JANICE E. 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD IAMMATTEO, JACK 2829 NE 30TH ST FT LAUDERDALE, FL 00000 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BENSON, MARY 2609 NE 26TH AVE FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries for 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

- 3.1 TITLE: DTS
- 3.2 NAME: Kristen Benson
- 3.3 STREET ADDRESS: 2829 NE 30th ST
- 3.4 CITY-ST-ZIP: FT. LAUD, FL 33306
- 4.1 TITLE: ASD
- 4.2 NAME: Eduardo Gabrielli
- 4.3 STREET ADDRESS: 2829 NE 30th ST
- 4.4 CITY-ST-ZIP: FT. LAUD, FL 33306
- 5.1 TITLE: ATD
- 5.2 NAME: MARY DiCamillo
- 5.3 STREET ADDRESS: 2829 NE 30th ST
- 5.4 CITY-ST-ZIP: FT LAUD, FL 33306

14. I do 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristen S. Benson Kristen Benson-3/20/97-563-7102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035735

CR2E037 (9/96)