


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90322 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705769

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 33306-1953
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/17/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1159328
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VARTANIAN, JANICE E. 2829 NE 30TH ST FORT LAUDERDALE FL 33306		81 Name Elizabeth Falcetta	85
		82 Street Address (P.O. Box Number is Not Acceptable) 2829 N.E. 30th Street	Zip Code 33306
		83	
		84 City Fort Lauderdale	FL

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: Elizabeth Falcetta, Pres. *Elizabeth Falcetta* DATE: 4/14/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARTANIAN, JANICE E.		1.2 NAME Elizabeth Falcetta	
STREET ADDRESS 2829 NE 30TH ST		1.3 STREET ADDRESS 2829 N.E. 30th Street	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP Fort Lauderdale FL 33306	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IAMMATTEO, JACK		2.2 NAME	
STREET ADDRESS 2829 NE 30TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALSH, GERTRUDE F		3.2 NAME Diana E. Pirich	
STREET ADDRESS 2829 NE 30TH ST		3.3 STREET ADDRESS 2419 Middle River Drive	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP Fort Lauderdale FL 33305	
TITLE DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GABRIELLI, EDUARDO		4.2 NAME	
STREET ADDRESS 2829 NE 30TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIRICH, MICHAEL E		5.2 NAME	
STREET ADDRESS 2419 MIDDLE RIVER DR		5.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Diana E. Pirich, Secretary *Diana E. Pirich* DATE: 4/14/99 DAYTIME PHONE: 954-566-9539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (1/198)