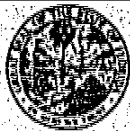


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G96192** (1)
1. Corporation Name
GROSSE POINTE RESIDENTS', INC.

Principal Place of Business
9900 ULMERTON RD.
LOT 227
LARGO FL 34641

Mailing Address
9900 ULMERTON RD.
LOT 227
LARGO FL 34641

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/13/1984

3a. Date of Last Report
04/05/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

4. FEI Number
59-2500270

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

FORD, EDWIN I.
2310 WEST BAY DRIVE
LARGO FL 34640

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	SATTEM, RALPH
STREET ADDRESS	LOT 228 9900 ULMERTON RD
CITY-ST-ZIP	LARGO FL
TITLE	VPD
NAME	MOSCHINI, SILIO A
STREET ADDRESS	9900 ULMERTON RD LOT 247
CITY-ST-ZIP	LARGO FL
TITLE	STD
NAME	MOSCHINI, MILDRED
STREET ADDRESS	LOT 247 9900 ULMERTON RD
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	BAILLARGEON, ROBERT
STREET ADDRESS	9900 ULMERTON LOT 64
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	DEWEES, BEULAH
STREET ADDRESS	LOT 232 9900 ULMERTON RD
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	BRONK, HARRIET
STREET ADDRESS	9900 ULMERTON LOT 68
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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: **RALPH SATTEM** *Ralph Sattem* **May 17, 1995** **584-6814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OF DIRECTOR