

**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**

05 MAY - 1 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J16598**

**(1)**

1. Corporation Name

**RESA, INC.**

Principal Place of Business

**18854 BIG CYPRESS DR.  
JUPITER FL 33458**

Mailing Address

**18854 BIG CYPRESS DR.  
JUPITER FL 33458  
US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporation Occurred

**05/29/1986**

3a. Date of Last Report

**04/29/1994**

4. FFI Number

**59-2736495**

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

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

24. Length

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Length

30. Locality

9. Name and Address of Current Registered Agent

**STEWART, JAMES M.  
1211 THE PLAZA  
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

85. Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.03(1) and 607.15(8), 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 607.03(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| NAME           | DP                  |
| NAME           | PATEL, BHUPENDRA P. |
| STREET ADDRESS | 18854 BIG CYPRESS   |
| CITY           | JUPITER FL          |
| NAME           | D                   |
| NAME           | PATEL, ALKA         |
| STREET ADDRESS | 18854 BIG CYPRESS   |
| CITY           | JUPITER FL          |
| NAME           |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY           |                     |
| NAME           |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY           |                     |
| NAME           |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY           |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| NAME           | D P T               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Patel, Bhupendra P. |                                                                              |
| STREET ADDRESS | 18854 Big Cypress   |                                                                              |
| CITY           | Jupiter, FL 33458   |                                                                              |
| NAME           | D VP S              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Patel, Alka         |                                                                              |
| STREET ADDRESS | 18854 Big Cypress   |                                                                              |
| CITY           | Jupiter, FL 33458   |                                                                              |
| NAME           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 607.03(1), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this 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 of change of officer or director with an address.

SIGNATURE:

*B P Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bhupendra P. Patel**

4/25/95

(400) 575-7988