

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001637 (7)**

1. Corporation Name
RESURGENCE PROPERTIES, INC.

Principal Place of Business
**411 WEST PUTNAM AVENUE
GREENWICH CT 06830
US**

Mailing Address
**411 WEST PUTNAM AVENUE
GREENWICH CT 06830-6233
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1994		3a. Date of Last Report 06/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-3757163		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 FL			

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 _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBS, JOSEPH M			12 NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE			13 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830			14 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, CHARLES E			22 NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE			23 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830			24 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYUGO, KAREN M			32 NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE			33 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830			34 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYMUDES, JAY			42 NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE			43 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830			44 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLTZ, ROBERT			52 NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE			53 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830			54 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMON, FREDERICK			62 NAME			
STREET ADDRESS	411 WEST PUTNAM AVENUE			63 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830			64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **REQUIRED** 3/31/97 203-862-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)