

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005073 (0)

1. Corporation Name

HOUSING RESOURCES OF DELAWARE, INC.



Principal Place of Business

118 JEFFERSON STREET
HUNTSVILLE AL 35801

Mailing Address

118 JEFFERSON STREET
HUNTSVILLE AL 35801

3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Corporate Trust Center

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 1207 Olanco St

28 City & State

24 Wilmington, Delaware

29 City & State

25 New Castle

30 Zip

26 Country

31 Country

27 Country

32 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIGINTON, DANNY L
9815 HIGHWAY 98 WEST, UNIT 2000
DESTIN FL 32541

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

DANNY L WIGINTON

Signature of person or persons in charge of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WIGINTON, DANNY L
9815 HIGHWAY 98 WEST, UNIT 2000
DESTIN FL

12.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

11.2 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

11.3 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

11.4 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

11.5 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

11.6 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

Date

(205) 535-6000

Daytime Phone #

CR2E034 (12/95)