


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

FILED

May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G63425 (4)</b>					
1. Corporation Name <b>REGIS APARTMENTS, INC.</b>					
Principal Place of Business <b>5647 S PLEASANT GROVE ROAD INVERNESS FL 34452</b>			Mailing Address <b>5647 S PLEASANT GROVE ROAD INVERNESS FL 34452-8379</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1983</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>59-2341520</b>	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>RANCOURT, LAVAL R. 6020 E. TENISON ST. INVERNESS FL 34452</b>			81. Name <b>Pauline L. Rancourt</b>		
			82. Street Address (P.O. Box Number is Not Acceptable) <b>6020 E. Tenison St.</b>		
			83. City <b>Inverness</b>		
			84. City <b>Inverness</b> <b>FL</b> 85. Zip Code <b>34452</b>		
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: <i>Pauline L. Rancourt</i> (NOTE: Registered Agent signature required when reinstating) DATE: <b>5-9-97</b>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANCOURT, PAULINE L.		1.2 NAME	Pauline L. Rancourt	
STREET ADDRESS	6020 TENISON ST.		1.3 STREET ADDRESS	6020 E. Tenison St.	
CITY - ST - ZIP	INVERNESS, FL 00000		1.4 CITY - ST - ZIP	Inverness, FL 34452	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	S/VT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRIDE, JANE C		2.2 NAME	Virginia Rancourt	
STREET ADDRESS	540 GENTIAN RD.		2.3 STREET ADDRESS	1309 Elwell Drive	
CITY - ST - ZIP	ST. AUGUSTINE FL		2.4 CITY - ST - ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	Daniel Rancourt	
STREET ADDRESS			3.3 STREET ADDRESS	Route 114	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	Canaan, Vt.	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <b>PAULINE L. RANCOURT</b> <i>Pauline L. Rancourt</i> 4-23-97 352-344-5519					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)