

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1994/6 + 1997

APPROVED
AND
FILED

97 DEC 30 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
ROSEMONT APARTMENTS, INC.

DOCUMENT #
J49619 (6)

Mailing Address
**% ALVIN A. LEITMAN
2109 GULF LIFE TOWER - 1624 STRAND SB
JACKSONVILLE FL 32207
JACKSONVILLE BEACH, Fla
32266**

Principal Place of Business
**% ALVIN A. LEITMAN
2109 GULF LIFE TOWER - 1624 STRAND SB
JACKSONVILLE FL 32207
JACKSONVILLE BEACH, Fla
32266**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 1624 STRAND SB	2a. Principal Place of Business 26 1624 STRAND SB	4. FEI Number 59-2806941	3a. Date of Last Report 04/19/1993
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23 City & State JAX BEACH, Fla	28 City & State JAX BEACH, Fla	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32266	29 Country DUAR	30 Zip 32266	31 Country DUAR

9. Name and Address of Current Registered Agent LEITMAN, ALVIN A. 2109 GULF LIFE TOWER - 1624 STRAND STREET JACKSONVILLE FL 32207 NEPTUNE BEACH, Fla, 32266	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *D. A. Sells* DATE **12/22/97**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE D/P	1.2 NAME KRAMER, MIRIAM S.	1.3 STREET ADDRESS 2109 GULF LIFE TOWER	1.4 CITY-ST-ZIP JACKSONVILLE FL	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE D	2.2 NAME LEITMAN, BRENDA K.	2.3 STREET ADDRESS 2109 GULF LIFE TOWER	2.4 CITY-ST-ZIP JACKSONVILLE FL	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

REINSTATEMENT 96-97
12/30/97
A. Alan
000002391160-5
-01/06/98--01069--025
******915.00 ****915.00**

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. Alan* DATE: **12/27/97** (904) 245-9070