

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K07824 (1)**

1. Corporation Name
BRITTANY ARMS APARTMENTS, INC.



Principal Place of Business: **69 OAKWOOD RD. JACKSONVILLE BEACH FL 32250**
Mailing Address: **87 TALLWOOD ROAD JACKSONVILLE BEACH FL 32250 US**

3. Date Incorporated or Qualified 12/18/1987	3a. Date of Last Report 03/17/1995
4. FCI Number 59-2872362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 2125 Hyde Park Rd.	26. Suite, Apt. #, etc.
22. Suite, Apt. #, etc.	27. City & State
23. Jacksonville, Florida	28. Zip
24. 32210	29. Duval
25. Duval	30. County

9. Name and Address of Current Registered Agent

**NOE, WILLIAM G., JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH FL 32233**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SCOTT	12. NAME	
STREET ADDRESS	69 OAKWOOD RD.	13. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE BCH. FL	14. CITY-STATE-ZIP	
TITLE	SVD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIECHMANN, KEITH	22. NAME	
STREET ADDRESS	69 OAKWOOD RD.	23. STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE BCH. FL	24. CITY-STATE-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(a), 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 in an attachment with an address.

SIGNATURE: *Keith Riemann* **2/15/96** **904 724-1375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith Riemann
DATE: 2/15/96
PHONE NUMBER: 904 724-1375

CR2E034 (12/95)