

MS

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M22890 (1)
1. Corporation Name
R.E.S.I.D.E., INC.

Principal Place of Business: **591 GULF PARK DR. NAPLES FL 33963 US**
Mailing Address: **591 GULF PARK DR. NAPLES FL 34106-8286 US**

3. Date Incorporated or Qualified: **11/04/1985**
3a. Date of Last Report: **04/11/1996**
4. FEI Number: **59-2572187**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**HILLER, JUDY L.
591 GULF PARK DR.
NAPLES FL 33963**

10. Name and Address of New Registered Agent
81. Name: **JUDY L. HILLER**
82. Street Address (P.O. Box Number is Not Acceptable): **3607 COLE AVE #227**
83. City: **DALLAS TX**
84. Zip Code: **75204**

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: _____ (NOTE: Registered Agent's signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPV	<input type="checkbox"/>
NAME	HILLER, JUDY L.	
STREET ADDRESS	591 GULF PARK DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/>
NAME	HILLER, JUDY L.	
STREET ADDRESS	591 GULF PARK DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	DPV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	HILLER, JUDY L.		
1.3 STREET ADDRESS	3607 COLE AVE #227		
1.4 CITY-ST-ZIP	DALLAS TX 75204		
2.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	HILLER, JUDY L.		
2.3 STREET ADDRESS	3607 COLE AVE #227		
2.4 CITY-ST-ZIP	DALLAS TX 75204		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	\$165 BANK		
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: _____ DATE: _____

CR2E034 (9/96)