

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M89277 (1)
1. Corporation Name
RESIDENCES INC.

Principal Place of Business Mailing Address
P.O. Box 17115
5135 LINDLOW AVE N. #B
TAMPA FL 33682-7115
P.O. Box 17115
TAMPA, FLA
33682-7115

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc	26 Suite, Apt #, etc	7/12/1988	95
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2910600	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input checked="" type="checkbox"/>	
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BULLARD, ARTHUR JR.
17902 CLEAR LAKE DR.
LUTZ, FLA 33549

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature of person or persons authorized to register agent and for application

(the DLE Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D	BULLARD, ARTHUR JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	17902 CLEAR LAKE DR.	13 STREET ADDRESS	
CITY - ST - ZIP	LUTZ, FL	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	22 NAME
D	BULLARD, KATHERINE M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	17902 CLEAR LAKE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	LUTZ, FL	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	32 NAME
D	BAKER, MOSES JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8479 THOUSAND PINES CIR	33 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	42 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	52 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	62 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARTHUR BULLARD JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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7/25/96 813-949-1462
Date Digitally Printed

CR2E034 (3/96)