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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 93-1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50272 1. Corporation Name RESIDENT INITIATIVE COUNCIL OF MARTIN LUTHER KING, JR. APARTMENTS, INC.			
Principal Place of Business 819 South Street Daytona Bch., FL 32114		Mailing Address 1200 9th Street Daytona Beach, FL 32114	
2. Principal Place of Business 21 819 South Street Suite, Apt. #, etc. 22 City & State 23 Daytona Beach, FL Zip 24 32114 Country 25		2a. Mailing Address C/O Raymond A. McLean, CPA 26 1200 9th Street Suite, Apt. #, etc. 27 613 N. GRANDVIEW AVE City & State 28 Daytona Beach, FL Zip 29 32114 Country 30 USA	
9. Name and Address of Current Registered Agent Ocie Manning, President 819 South Street, Apt. #2 Daytona Beach, Florida 32114		3. Date Incorporated or Qualified 8/6/92 3a. Date of Last Report 8/6/92 4. FEI Number N/A 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Pursuant to the provisions of 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 617.0503, Florida Statutes. SIGNATURE <i>Ocie Manning</i> Signature, typed or printed name, of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 300002376049--0 83 -12/18/97--01002--006 84 City ****481.25 FL ****481.25	
12. OFFICERS AND DIRECTORS TITLE D NAME Mrs. Ocie Manning, President <input type="checkbox"/> DELETE STREET ADDRESS 819 South Street, Apt. #2 CITY-ST-ZIP Daytona Beach, Fl. 32114 TITLE D NAME Ms. Gail Knighton, Vice President <input type="checkbox"/> DELETE STREET ADDRESS 819 South Street, Apt. #54 CITY-ST-ZIP Daytona Beach, Fl. 32114 TITLE D NAME Ms. Malesha Lewis, Secretary <input type="checkbox"/> DELETE STREET ADDRESS 819 South Street, Apt. #77 CITY-ST-ZIP Daytona Beach, Fl. 32114 TITLE D NAME Ms. Sunys Thayer, Treasurer <input type="checkbox"/> DELETE STREET ADDRESS 819 South Street, Apt. #53 CITY-ST-ZIP Daytona Beach, Fl. 32114 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 supplementary 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: *Ocie Manning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/97
Date

Daytime Phone #

CR2E037 (9/96)

REINSTATEMENT