

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002849 (8)

1. Corporation Name
THE NELSEN RESIDENCE, INC.



Principal Place of Business
**2307 SE 15TH PLACE
CAPE CORAL FL 33990**

Mailing Address
**2307 SE 15TH PLACE
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
02/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0443152	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**NELSEN, ELEANOR M
2307 SE 15TH PLACE
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSEN, ELEANOR M	
STREET ADDRESS	2307 SE 15TH PLACE	
CITY - ST - ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIGURSKI, WANDA	
STREET ADDRESS	1415 SE 29TH ST	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIGURSKI, MITCHELL	
STREET ADDRESS	1415 SE 29TH ST	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REBAR, MARION	
STREET ADDRESS	910 SE 43RD TERR	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALOME, HELEN	
STREET ADDRESS	1001 SE 43RD TERR	
CITY - ST - ZIP	CAPE CORAL FL 33904	
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 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: Eleanor M. Nelson Date: June 20 1996 Daytime Phone # _____

CR2E037 (12/95)