

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT -3 AM 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P 92 00000 1190*  
1. Corporation Name  
*Residence Realty, Inc.*

Principal Place of Business  
*441 South Fed Hwy  
Deerfield Beach, FL  
US 33441*

Mailing Address  
*441 South Federal Hwy  
Deerfield Bch, FL  
US 33441-4133*

3. Date Incorporated or Qualified 3a. Date of Last Report

|                                                                                                     |                                                                                          |                                                                     |                                                                                          |                                                                                                                |                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country | 4. FEI Number<br><i>65-0366053</i><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing<br>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 |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
*Kenneth Subandon*

82 Street Address (P.O. Box Number is Not Acceptable)  
*441 South Federal Highway*

83

84 City  
*Deerfield Beach* FL 85 Zip Code  
*33441*

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Kenneth Subandon*

9-23-97

Signature typed or printed name of registered agent, or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS                         |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br><i>PRESIDENT</i>                          | <input type="checkbox"/> DELETE | 1.1 TITLE<br><i>100002313351-1</i>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><i>HAIKE WOLLE</i>                         |                                 | 1.2 NAME<br><i>-10/07/97--01050--011</i>              |                                                                              |
| STREET ADDRESS<br><i>441 South Federal Highway</i> |                                 | 1.3 STREET ADDRESS<br><i>****550.00 ****550.00</i>    |                                                                              |
| CITY-ST-ZIP<br><i>Deerfield Beach, FL 33441</i>    |                                 | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                              | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                               |                                 | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS                                     |                                 | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                        |                                 | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                              | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                               |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS                                     |                                 | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                        |                                 | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                              | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                               |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS                                     |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                        |                                 | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                              | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                               |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS                                     |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                        |                                 | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                              | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                               |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS                                     |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                        |                                 | 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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-97

954-428-9001

CR2E034 (9/96)