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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054137 (1)

1. Corporation Name
ROOMMATES FOR YOU, INC.



Principal Place of Business
707 CHILLINGWORTH DR.
WEST PALM BEACH FL 33409-4124

Mailing Address
707 CHILLINGWORTH DR.
WEST PALM BEACH FL 33409-4124

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report
07/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0599440	Applied For 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

VARELA, DOREEN M
707 CHILLINGWORTH DRIVE
WEST PALM BEACH FL 33409

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

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRINGFELLOW, SHARON E	1.2 NAME	DONALD STRINGFELLOW
STREET ADDRESS	707 CHILLINGWORTH DRIVE	1.3 STREET ADDRESS	707 CHILLINGWORTH DRIVE
CITY - ST - ZIP	WEST PALM BEACH FL 33409	1.4 CITY - ST - ZIP	WEST PALM BEACH FL 33409
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BERG, MICHAEL S	2.2 NAME	
STREET ADDRESS	219A WHITE PINE CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BERG, JENNIFER L	3.2 NAME	
STREET ADDRESS	707 CHILLINGWORTH DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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 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:

Sharon Stringfellow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-689-4942
Date: _____ Daytime Phone # _____

CR2E034 (9/96)