

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

DOCUMENT # P96000033831 (4)

1. Corporation Name
RBG APARTMENTS, INC.

Principal Place of Business
RBG APARTMENTS, INC.
P.O. BOX 2080
JACKSONVILLE FL 32231-0010

Mailing Address
RBG APARTMENTS, INC.
P.O. BOX 2080
JACKSONVILLE FL 32231-0010

FILED
97 JUN 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	WERTZ, LARRY J	<input type="checkbox"/> DELETE	11 TITLE	D	HODNETT, BYRON E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		225 WATER STREET		12 NAME		225 WATER ST.	
STREET ADDRESS		JACKSONVILLE FL 32202		13 STREET ADDRESS		JACKSONVILLE, FL 32202	
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE	D	MITCHELL, JOHN A III	<input type="checkbox"/> DELETE	21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		225 WATER STREET		22 NAME			
STREET ADDRESS		JACKSONVILLE FL 32202		23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE	D	THOMPSON, G K	<input checked="" type="checkbox"/> DELETE	31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		225 WATER STREET		32 NAME			
STREET ADDRESS		JACKSONVILLE FL 32202		33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 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: *Larry J. Wertz* 1/25/97 (904) 361-3651

CR2E034 (9/96)