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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065744 (0)

RES OF SOUTH FLORIDA, INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						18116 81181 81111 18811 1	11016 <b>4161 1881</b>
POST-OFFICE E JUPITER FL 334	BOX 2685 168.	POST-OFFICE BOX 2685 JUPITER FL 33468			DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualified		
					08/06/1996		}
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 308 TEQUESTA DOLIVE 26 SAME					65-0693737	Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc.	1 1			ree Hequired	
City & State	UFSTA FL	City & State			8. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip Country		Z <sub>I</sub> p	Zip Country		8. This corporation owes or has paid the current year Intangible		
24 3346	33469 [25] 29]		30		Personal Property Tax due June 30. 🛛 Yes 📙 No		
	9. Name and Address of Cu	urrent Registered Agent		<del></del>	10, Name and Address of New Regi	stered Agent	<del></del>
TERF	RENCE A ZIELINSKI CPA		81	Name			
5100 W COPANS RD SUITE 400			62	Street Add	dress (P.O. Box Number is Not Acceptable	:)	
MAR	GATE FL 33063			ļ			
			83				
			84	City		FL 85 Zi	p Code
44 5	4	7 (V 00 4 (V/7 11 00 ) [ Incide Ctet 4	4	a somed so	poration submits this statement for the pur		n ite registered
office or rec	gistered agent, or both, in the l	State of Florida Such change was a obligations of Section 607.0505, Flo	iuthorized b	y the corpora	ation's board of directors. I hereby accept	the appointment	as registered
SIGNATURE _		100			ated when re-matring)	DATE	
12.	tograture, typed or posted name of register CVESTC 4.33	S AND DIRECTORS	13.	on signature requ	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PD	DELETE	1.1 TITLE		7,5571101107011111020110111102	☐ Chang	
NAME	JACOBSEN, RONNIE						!
STREET ADDRESS	7-17-S-US-HWY-1-#906	308 TEQUESTA DR		I ADDRESS			1
CITY-ST-ZIP	JUPITER PL	SUITE 24	1.4 CITY-				
TITLE	ST	TEQUESTA EL DELETE	2 1 TITLE			☐ Chang	e Addition
NAME	IAI THESEN VICKI B ZZN		2.2 NAME				
STREET ADDRESS	-717 6 US HWY 1 #906-	33469	23SIREE	T ADDRESS			
CITY-S1-ZIP	JUPITER FL		2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Chang	e Addition
NAME			3 2 NAME				
STREET ADDRESS			3 3 STAFE	T ADDRESS			Ì
CITY-ST-ZIP			3 4. CITY-	51 - ZiP			
TITLE		DELETE	4 1 TITLE			☐ Chang	e 🔲 Addition
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CITY-ST-ZIP			4 4 CITY-	ST - 7IP			
MUE		DELETE	5.1 TITLE	ŀ		Chang	je 🔲 Addition
NAME			5 2 NAME				1
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST - ZIP			
TITLE		☐ DELETE	61 TITLE			Chang	je 🔲 Addition
NAME			62 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			
CiTY-ST-ZIP			6.4 CITY -				
14. I hereby co	ertify that the information suppli	ied with this filing does not qualify fo	or the exemp	otion stated in	n Section 119.07(3)(i), Florida Statutes. I fu	urther certify that t	he information

indicated on this annual report or supplied 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 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 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

RON JACOBSEN