


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

FILED

Apr 04 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 # P96000095116 (5)					
1. Corporation Name RESERVE SALES, INC.					
Principal Place of Business 401-A S. INDIAN RIVER DRIVE FT PIERCE FL 34950			Mailing Address 401-A S. INDIAN RIVER DRIVE FT PIERCE FL 34950-1530		



2. Principal Place of Business 21 2160 Reserve Park Trace Suite, Apt. #, etc.		2a. Mailing Address 26 2160 Reserve Park Trace Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
22 City & State 23 Port St. Lucie, FL Zip Country 24 34986 25		27 City & State 28 Port St. Lucie, FL Zip Country 29 34986 30		4. FEI Number 59-3418502		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent FEE, FRANK H III 401-A SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34950				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 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE NAME FEE, FRANK H III STREET ADDRESS 401-A S. INDIAN RIVER DRIVE CITY-ST-ZIP FT PIERCE FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME T. SCOTT WINGFIELD 1.3 STREET ADDRESS 7230 Reserve Creek Drive 1.4 CITY-ST-ZIP Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE D.V.T.S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME JOHN W. HOLCOMB 3.3 STREET ADDRESS 9655 Reserve Blvd. 3.4 CITY-ST-ZIP Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 TITLE P.O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME W.C. Wingfield 4.3 STREET ADDRESS 161 Anchor Drive 4.4 CITY-ST-ZIP Vero Bch., FL 32963	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  2-24-97 562-468-4604
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0473773

CR2E034 (9/96)