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

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000091245 (5)

1. Corporation Name

THE RESEDA CORPORATION

Principal Place of Business	Mailing Address
217 N MISSOURI AVE CLEARWATER FL 33755-4618	217 N MISSOURI AVE CLEARWATER FL 33755-4618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21. *217 N. Missouri Ave*	26. *217 N. Missouri Ave*	*59-3475785*	
Suite, Apt #, etc. 22.	Suite, Apt #, etc. 27.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23. *CLEARWATER, FL*	City & State 28. *CLEARWATER, FL*	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24. *33755* / Country 25. *USA*	Zip 29. *33755* / Country 30. *USA*	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEIGAND, JUDITH V 217 N MISSOURI AVE CLEARWATER FL 33755-4618	81 Name *N/A* 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City _____ **FL** 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 *PRESIDENT* ☐ DELETE NAME *RICHARD P. WEIGAND* STREET ADDRESS *217 N. MISSOURI AVE* CITY-ST-ZIP *CLEARWATER FL 33755*	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE *SECRETARY* ☐ DELETE NAME *JUDITH V. WEIGAND* STREET ADDRESS *217 N. MISSOURI AVE* CITY-ST-ZIP *CLEARWATER, FL 33755*	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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: _____   *FEB 10, 98*   *813 461 0118*