

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 25 AM 10: 27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **S30079** (5)
 1. Corporation Name
REMSEN APARTMENTS, INC.

Principal Place of Business Mailing Address
128 S. HIGHLAND PARK DR. **1650 SOUTH HIGHLAND PARK DR.**
LAKE WALES FL 33853 **LAKE WALES FL 33853**
US

2. Principal Place of Business PARK DR.		2a. Mailing Address		3. Date incorporated or Qualified 02/07/1991	3a. Date of Last Report 01/28/1994
21 17285 HIGHLAND	26	Suite, Apt. #, etc.		4. FEI Number 59-3055627	Applied For <input type="checkbox"/> Not Applicable
22	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REYNOLDS, SARAH 1948 SOUTH HIGHLAND PARK DRIVE LAKE WALES FL 33853				10. Name and Address of New Registered Agent			
				81 Name	KEITH R. PEDERSEN		
				82 Street Address (P.O. Box Number is Not Acceptable)	1650 SOUTH HIGHLAND PARK DR		
				83			
				84 City	LAKE WALES	85 Zip Code	FL 33853

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]* DATE: **4/19/95**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDITZ, WALTER J	1.2 NAME	
STREET ADDRESS	GOLF DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BUCK HILL FALLS PA	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ELIZABETH W	2.2 NAME	
STREET ADDRESS	88 CHASE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	W FALMOUTH MA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDITZ, MRS. WALTER	3.2 NAME	
STREET ADDRESS	GOLF DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BUCK HILL FALLS PA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGHARDT, MRS. JOHN B	4.2 NAME	
STREET ADDRESS	3013 SPOTSWOOD CAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILLIAMSBURG VA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, LINCOLN S	5.2 NAME	
STREET ADDRESS	60 PINE HILLS ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	W HARTFORD CT	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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: *[Signature]* DATE: **4/19/95** **8130768125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR