

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

PROFIT CORPORATION ANNUAL REPORT 1996



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
**1728 S HIGHLAND PARK DR
LAKE WALES FL 33853
US**

Mailing Address
**1650 SOUTH HIGHLAND PARK DR.
LAKE WALES FL 33853**

3. Date Incorporated or Qualified **02/07/1991** 3a. Date of Last Report **04/25/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	1834 S. HIGHLAND PARK DRIVE	4. FEI Number	59-3055627	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	LAKE WALES, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	33853	30	USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEDERSEN, KEITH R 1650 SOUTH HIGHLANE PARK DR LAKE WALES FL 33853				81	Name	W. WAYNE SORRELLS	
				82	Street Address (P.O. Box Number is Not Acceptable)	1834 S. HIGHLAND PARK DRIVE	
				83			
				84	City	LAKE WALES	85

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 *W. Wayne Sorrells* (NOTE: Registered Agent signature required when registering) DATE **4-9-96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 119.07(3)(k), 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: *Walter J Meditz* President DATE: **4/6/96** 941-676-8125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)