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**Jan 28 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 # S30079 (5)

1. Corporation Name
REMSEN APARTMENTS, INC.



Principal Place of Business
**1728 S HIGHLAND PARK DR
LAKE WALES FL 33853
US**

Mailing Address
**1834 S. HIGHLAND PARK DRIVE
LAKE WALES FL 33853-7431
US**

3. Date Incorporated or Qualified **02/07/1991** 3a. Date of Last Report **04/11/1996**

2. Principal Place of Business

2a. Mailing Address **NE**

21 Suite, Apt. #, etc.

26 **1639 NE 26th St**

4. FEI Number **59-3055627**

Applied For
Not Applicable

22 City & State

27 City & State **FL
LAUDERDALE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country **33305 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**W. WAYNE SORRELLS
1834 S. HIGHLAND PARK DRIVE
LAKE WALES FL 33853**

81 Name

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

Signatures by registered agent or 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 DELETE
NAME **PT MEDITZ, WALTER J**
STREET ADDRESS **GOLF DRIVE**
CITY - ST - ZIP **BUCK HILL FALLS PA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME **VS BAKER, ELIZABETH W**
STREET ADDRESS **88 CHASE RD**
CITY - ST - ZIP **W FALMOUTH MA**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME **D MEDITZ, MRS. WALTER**
STREET ADDRESS **GOLF DRIVE**
CITY - ST - ZIP **BUCK HILL FALLS PA**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME **D BURGHARDT, MRS. JOHN B**
STREET ADDRESS **3013 SPOTSWOOD CAY**
CITY - ST - ZIP **WILLIAMSBURG VA**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME **D YOUNG, LINCOLN S**
STREET ADDRESS **60 PINE HILLS ROAD**
CITY - ST - ZIP **W HARTFORD CT**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: **Walter J Meditz PRESIDENT**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 9031 954 630
Date Daytime Phone #

CR2E034 (9/96)