

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

FILED
Apr 02 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S30079 (5)

1. Corporation Name
REMSEN APARTMENTS, INC.



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| Principal Place of Business 1726 S HIGHLAND PARK DR LAKE WALES FL 33853 US | Mailing Address 1639 NE 26TH CT FT LAUDERDALE FL 33306 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 1724 S. Highland Park Dr Suite, Apt. #, etc. Apt # 2 City & State Lake Wales, FL Zip 33853 | | 2a. Mailing Address 1650 S. Highland Park Dr Suite, Apt. #, etc. City & State Lake Wales, FL Zip 33853 | | 3. Date Incorporated or Qualified 02/07/1991 | |
| 22 | | 27 | | 4. FEI Number 59-3055627 | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent W. WAYNE SORRELLS 1834 S. HIGHLAND PARK DRIVE LAKE WALES FL 33853 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | 82 Street Address (R.O. Box Number is Not Acceptable) | | 83 | | | |
| Robert G. Weaver | | 1650 S. Highland Park Drive | | | | | |
| 84 City | | 85 Zip Code | | | | | |
| Lake Wales | | 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 **Robert G. Weaver** **Robert G. Weaver** **Mar 26, 1998**

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 | PT | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MEDTIZ, WALTER J | | 1.2 NAME | Robert G. Weaver | | | |
| STREET ADDRESS | GOLF DRIVE | | 1.3 STREET ADDRESS | 1650 S. Highland Park Drive | | | |
| CITY-ST-ZIP | BUCK HILL FALLS PA | | 1.4 CITY-ST-ZIP | Lake Wales, FL 33853 | | | |
| 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 checked="" type="checkbox"/> DELETE | 3.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MEDTIZ, MRS. WALTER | | 3.2 NAME | Eric R. Weaver | | | |
| STREET ADDRESS | GOLF DRIVE | | 3.3 STREET ADDRESS | 1650 S. Highland Park Drive | | | |
| CITY-ST-ZIP | BUCK HILL FALLS PA | | 3.4 CITY-ST-ZIP | Lake Wales, FL 33853 | | | |
| TITLE | D | <input checked="" 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 checked="" type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | YOUNG, LINCOLN S | | 5.2 NAME | | | | |
| STREET ADDRESS | 80 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 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: **Robert G. Weaver** **Mar 26, 1998** 941-676-8281

CR2E034 (10/97)