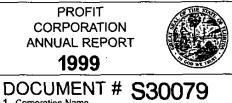
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90032 018 ***150.00

REMSEN	APARTMENTS, INC.		.		
Principal Place	o of Business	Mailing Address		E TORESTON TO BEING DESIGN CONT. INCIDENCE AND SOUR BEING CONT. BEING CONT.	
Principal Place of Business Mailing Address 1724 S. HIGHLAND PARK DR APT 2 LAKE WALES FL 33853 US Mailing Address 1650 S. HIGHLAND PARK DR LAKE WALES FL 33853 US			R	DO NOT WRITE IN THIS SPACE	
us			3. Date Incorporated or Qualified 02/07/1991		
2. Principal Pl	lace of Business	2a. Mailing Address 26	-	4. FEt Number Applied For 59-3055627 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be		
23 28		28		Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
<u>. — </u>			81 Name		
Weaver, Robert G 1650 S. Highland Park Dr			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LAKE WALES FL 33853			83		
			<u></u>		
	· · · · · · · · · · · · · · · · · · ·		84 City	FL 85 Zip Code	
office or n agent. I a	to the provisions of Sections 607.USU2 egistered egent, or both, in the State of familiar with, and accept the obligat Signature, typed or physical name of registered agent	Kobert	ithorized by the corporation ida Statutes. G- Veaver Registered Agent signature require	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered at when rejected to the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered on the purpose of changing its registered on the	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	· Change Addition	
NAME	WEAVER, ROBERT G.		1.2 NAME	(4.2.)	
STREET ADDRESS	1650 S. HIGHLAND PARK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP		
TITLE	VS .	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	WEAVER, ERIC R.		3.2 NAME		
STREET ADDRESS	1650 S. HIGHLAND PARK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		3.4. CITY-ST-ZIP	Character Charles	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 C/TY-ST-ZIP	☐ Change ☐ Addition	
TITLE		□ PCCCIE	5.1 TITLE 5.2 NAME	, Committee Comm	
NAME PTDEET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	İ				
IIILE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition	

6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS