

FILED AMENDED LETTER MAY 15 1999 550

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565032

1. Corporation Name
Real Estate Investor Management Service, Inc.

Principal Place of Business Mailing Address (same)
524 South Andrews Avenue, Suite # 200N
Ft. Lauderdale, FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
01/05/78
4. FEI Number
59-1789478 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Byrd, Thomas E.
524 South Andrews Avenue, Suite # 200N
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Terry M. Scharg
STREET ADDRESS	524 S. Andrews Ave. Suite # 200N
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Terry M. Scharg
STREET ADDRESS	524 S. Andrews Ave. Suite # 200N
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	Director <input type="checkbox"/> DELETE
NAME	Terry M. Scharg
STREET ADDRESS	524 S. Andrews Ave. Suite # 200N
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Terry M. Scharg
1.3 STREET ADDRESS	524 S. Andrews Ave. Suite # 200N
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Terry M. Scharg
2.3 STREET ADDRESS	524 S. Andrews Ave. Suite # 200N
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Terry M. Scharg
3.3 STREET ADDRESS	524 S. Andrews Ave. Suite # 200N
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500003078375--2
4.3 STREET ADDRESS	-12/22/99--01082--016
4.4 CITY-ST-ZIP	*****61.25 *****61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Terry M. Scharg PRES Date: 12/7/99 Daytime Phone #: 954-463-1431

CR2E034 (11/98)