FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568277 (8)

1. Corporation Name

REM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2240 S.E. LETHA CT., ~~APT. 3~~ STUART FL 34994	~~2240 S.E. LETHA CT., APT. 3~~ STUART FL 34994

3. Date Incorporated or Qualified: 04/11/1978
3a. Date of Last Report: 06/02/1995
4. FEI Number: 59-1812866 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1 Heritage Way	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sewall's Point Fla	City & State 28
Zip 24 34996 — Country 25 Martin	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

ROSS, RUTH
~~2240 S.E. LETHA CT.~~, APT. 3 — 1 Heritage Way
~~STUART FL 34994~~ — Sewall's Pt. Fla 34996

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: Ruth Ross, Pres — Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	ROSS, RUTH	
STREET ADDRESS	~~7240 S.E. LETHA CT. APT. 3~~ 1 Heritage Way	
CITY-ST-ZIP	STUART FL 34994 Sewall's Pt. Fla 34996	
TITLE	VP	☐ DELETE
NAME	CROSS, MARC J — 1 Heritage Way	
STREET ADDRESS	~~13 PALM ROAD~~ Sewall's Point	
CITY-ST-ZIP	~~STUART FL~~ 34996	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Ruth Ross	
1.3 STREET ADDRESS	1 Heritage Way	
1.4 CITY-ST-ZIP	Sewall's Point, Fla 34996	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Cross, Marc J	
2.3 STREET ADDRESS	1 Heritage Way	
2.4 CITY-ST-ZIP	Sewall's Pt, Fla 34996	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Ruth Ross, Pres — Ruth Ross — 4/25/96 — 407-287-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #