


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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G58824 (5)**

1. Corporation Name  
**REIMELT CORPORATION**

Principal Place of Business <b>13330 BYRD DRIVE                  ODESSA FL 33556-5312</b>	Mailing Address <b>13330 BYRD DRIVE                  33556-5312                  ODESSA FL 33556-5312                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>09/07/1983</b>	Applied For
4. FEI Number <b>59-2324237</b>	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**BARNETT, LESLIE J ESQ  
 BARNETT, BOLT, KIRKWOOD & LONG  
 601 BAYSHORE BLVD, SUITE 700  
 TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REIMELT, STEPHAN</b>	1.2 NAME	
STREET ADDRESS	<b>13330 BYRD DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REIMELT, VIOLETTA</b>	2.2 NAME	
STREET ADDRESS	<b>13330 BYRD DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUBERT, HORST</b>	3.2 NAME	
STREET ADDRESS	<b>13330 BYRD DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	3.4 CITY-ST-ZIP	
TITLE	<b>EVP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUFTS, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>13330 BYRD DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JESKEY, ANTHONY</b>	5.2 NAME	
STREET ADDRESS	<b>13330 BYRD DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, ROBERT W</b>	6.2 NAME	
STREET ADDRESS	<b>13330 BYRD DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	6.4 CITY-ST-ZIP	

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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 \_\_\_\_\_ DATE **1/5/98**

CR2E034 (10/97)