

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

FILED AMENDED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP -8 PM 12:46



DOCUMENT # G58824

1. Corporation Name
REIMELT CORPORATION

Principal Place of Business
13330 BYRD DRIVE
ODESSA FL 33556-5312

Mailing Address
13330 BYRD DRIVE
33556-5312
ODESSA FL 33556-5312
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/07/1983

4. FEI Number

50-2324237

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
83 1201 Hays Street
84 City Tallahassee FL 85 Zip Code 32301

I, the undersigned, in accordance with 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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMELT, STEPHAN	1.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMELT, VIOLETTA	2.2 NAME	400002977234--G
STREET ADDRESS	13330 BYRD DRIVE	2.3 STREET ADDRESS	-09/02/93--01001--019
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	***70.00 ***70.00
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	EVP/CEO/GENERAL MGR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUBERT, HORST	3.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESKEY, ANTHONY	4.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	5.1 TITLE	SRVP/ST/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, ROBERT W	5.2 NAME	
STREET ADDRESS	13330 BYRD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	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, with all other like empowered.

SIGNATURE: ROBERT ANDERSON, ROBERT 2/19/99 (813) 920-7434