FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAY -1 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000095891 (3)**

1. Corporation Name

~~REMARKETING ASSET CORP.~~ Asset Remarketing Corp.

(Amended Articles were mailed on 4/21/97 to change the name of this corporation to ASSET REMARKETING CORP.)

Principal Place of Business	Mailing Address
13660 WRIGHT CIRCLE TAMPA FL 33626	13660 WRIGHT CIRCLE TAMPA FL 33626-3030

3. Date Incorporated or Qualified: 11/20/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 13660 Wright Circle
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip 24 33626-3030 Country 25 U.S.A.

2a. Mailing Address
26 13660 Wright Circle
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33626-3030 Country 30 U.S.A.

4. FEI Number: 59-3413552 ☐ 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

9. **Name and Address of Current Registered Agent**

SMITH, SMITTY
3802 ENRLICH ROAD
SUITE 210
TAMPA FL 33624

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 _____ 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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	OLTMAN, STEPHEN T II		1.2 NAME	OLTMAN, STEPHEN T.	
STREET ADDRESS	5026 SEMINARY ROAD		1.3 STREET ADDRESS	1573 Loc'meade Place	
CITY-ST-ZIP	ALTON IL 62002		1.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	OLTMAN, CYNTHIA M II		2.2 NAME	OLTMAN, STEPHEN T.	
STREET ADDRESS	5026 SEMINARY ROAD		2.3 STREET ADDRESS	1573 Loc'meade Place	
CITY-ST-ZIP	ALTON IL 62002		2.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	800002171848--3	
STREET ADDRESS			3.3 STREET ADDRESS	-05/08/97--01121--009	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Scott Oltman RECEIVED 4/22/97 (813) 891-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007645

MAY 01 1997