

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 27 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 259442 (2)**

1. Corporation Name

**REMEX CORP.**

Principal Place of Business

1736 N. MILITARY TRAIL  
WEST PALM BCH. FL 33409  
US

Mailing Address

1736 N. MILITARY TRAIL  
WEST PALM BCH. FL 33409  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/28/1962**      3a. Date of Last Report **04/14/1994**

4. FEI Number **59-0968233**      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**

9. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**DICKENSON, GREGORY B, ESQ  
140 INTRACOSTAL POINTE DR., STE 401  
JUPITER FL 33477**

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	<b>P</b>
NAME	<b>SCHWERIN, BETTY ANN</b>
STREET ADDRESS	<b>374 OTTAWA CT.</b>
CITY - ST - ZIP	<b>ROYAL PALM BEACH FL</b>
TITLE	<b>V</b>
NAME	<b>LEWIS, DOUGLAS G.</b>
STREET ADDRESS	<b>9894 FINE DUST COURT</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>S</b>
NAME	<b>HOGAN, DIANNE</b>
STREET ADDRESS	<b>5285 1ST ROAD</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>T</b>
NAME	<b>SCHWERIN, EUGENE P.</b>
STREET ADDRESS	<b>374 OTTAWA COURT</b>
CITY - ST - ZIP	<b>ROYAL PALM BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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:

*Betty Ann Schwerin* **BETTY ANN SCHWERIN - 4-21-95 - 407-683-4114**