

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 # 292522 (0)

1. Corporation Name

REAL ESTATE INVESTMENT AND MANAGEMENT CORP.

Principal Place of Business

Mailing Address

635 SOUTH ORANGE AVE
16
SARASOTA FL 34236
US

P.O. BOX 2064
SARASOTA FL 34230
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/03/1965	04/10/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For Not Applicable
22	27	59-1273973	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29		
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	30		

9. Name and Address of Current Registered Agent

FOURNIER, ROBERT M.
1800 SECOND ST #806
SARASOTA FL 34236

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 the corporation.

(NOTE: Registered Agent's signature is required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LOVINGOOD, JOAN M	1.2 NAME	
STREET ADDRESS	301 SCHOOL AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	S/D
NAME	BARBERIO, ALLAN J	2.2 NAME	Neal, Charlene Jo
STREET ADDRESS	1858 RINGLING BLVD.	2.3 STREET ADDRESS	1003 59th Street, N. W.
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	Bradenton, Florida 34209
TITLE	T	3.1 TITLE	
NAME	LOVINGOOD, JOAN M.	3.2 NAME	
STREET ADDRESS	301 SCHOOL AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joan M. Lovingood

4/20/96 941-366-2828

Daytime Phone #

CR2E034 (12/95)