

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 567573

(1)

1. Corporation Name

REL INVESTMENTS, INC.



Principal Place of Business

26 RACETRACK RD NW, #A
FT. WALTON BEACH FL 32547-1640

Mailing Address

26 RACETRACK RD NW, #A
FT. WALTON BEACH FL 32547-1640

2. Principal Place of Business

21 541 Mary Esther Cut-Off

Suite, Apt. #, etc.

22

City & State

23 Fort Walton Beach, FL

Zip

24 32548

Country

25 USA

2a. Mailing Address

26 Post Office Box 1447

Suite, Apt. #, etc.

27

City & State

28 Fort Walton Beach, FL

Zip

29 32549

Country

30 USA

9. Name and Address of Current Registered Agent

LEE, ROBERT E.
26 RACETRACK RD NW, #A
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

541 Mary Esther Cut-Off

83

Fort Walton Beach

84

City

FL

85 Zip Code

32548

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby, I, as the appointed or registered agent, am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD	☐ DELETE
NAME	LEE, ROBERT E.	
STREET ADDRESS	26 RACETRACK RD NW, #A	
CITY-STATE-ZIP	FT. WALTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	541 Mary Esther Cut-Off
4. CITY-STATE-ZIP	Fort Walton Beach, FL 32548
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-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(2)(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 registered 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
ROBERT E. LEE, President

2/27/96

(904) 244-7611

CR2E034 (12/95)