FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:25

DOCUMENT # **F94000006049 (0)**

1. Corporation Name
RELM GROUP, INC.

Principal Place of Business	Mailing Address
800 N.E. 195TH ST. NORTH MIAMI BEACH FL 33179	800 N.E. 195TH ST. (515) NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21 800 N.E 195th St
Suite, Apt. #, etc.
22 515
City & State
23 N. Miami Beach, Florida
Zip 24 33179 Country 25 DADE

2a. Mailing Address 26 800 N.E. 195th St.
Suite, Apt. #, etc. 27 515
City & State 28 N. Miami Beach, Florida
Zip 29 33179 Country 30 Dade

4. FEI Number: ☑ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASLOW, ELSIE
800 N.E. 195TH ST.
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: ELSIE MASLOW (515)
82 Street Address (P.O. Box Number is Not Acceptable): 800 N.E. 195th St
83
84 City: N. Miami Beach FL 85 Zip Code: 33179

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	PD	11 TITLE	MANAGER	☐ Change ☐ Addition
NAME	MASLOW, ELSIE	12 NAME	LEWIS MASLOW (515)	
STREET ADDRESS	800 N.E. 195TH ST.	13 STREET ADDRESS	800 N.E. 195th St.	
CITY ST ZIP	NORTH MIAMI BEACH FL 33179	14 CITY ST ZIP	N. Miami Beach, Fl. 33179	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	MASLOW, LINDA	22 NAME		
STREET ADDRESS	6033 N. 22ND ST.	23 STREET ADDRESS		
CITY ST ZIP	ARLINGTON VA 22205	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MASLOW, ROBERT	32 NAME		
STREET ADDRESS	1402 AVE. K	33 STREET ADDRESS		
CITY ST ZIP	BROOKLYN NY 11230	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	RETURNED BY MAY 1	
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: ✓ELSIE MASLOW Elsie Maslow 4/26 305-770 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0195409 CP