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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004063

1. Corporation Name
REMERICA REAL ESTATE CORPORATION

Principal Place of Business 40500 ANN ARBOR ROAD, STE 102 PLYMOUTH MI 48170	Mailing Address 40500 ANN ARBOR ROAD, STE 102 PLYMOUTH MI 48170
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1998	4. FEI Number 38-2860274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
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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 HUTCHINSON, ROBERT E	1.1 TITLE	CD
NAME	HUTCHINSON, ROBERT E	1.2 NAME	Jr-Courtney, James A.
STREET ADDRESS	40500 ANN ARBOR ROAD, STE 102	1.3 STREET ADDRESS	40500 Ann Arbor Road Suite 102
CITY-ST-ZIP	PLYMOUTH MI	1.4 CITY-ST-ZIP	Plymouth, MI 48170
TITLE	VD PRESTON SR, JAMES R	2.1 TITLE	
NAME	PRESTON SR, JAMES R	2.2 NAME	
STREET ADDRESS	40500 ANN ARBOR ROAD, STE 102	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	2.4 CITY-ST-ZIP	
TITLE	SD COURTNEY, DOUGLAS G	3.1 TITLE	
NAME	COURTNEY, DOUGLAS G	3.2 NAME	
STREET ADDRESS	40500 ANN ARBOR ROAD, STE 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	3.4 CITY-ST-ZIP	
TITLE	AS HENRY, MARILYN M	4.1 TITLE	
NAME	HENRY, MARILYN M	4.2 NAME	
STREET ADDRESS	40500 ANN ARBOR ROAD, STE 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	4.4 CITY-ST-ZIP	
TITLE	D WALDFOGEL, HAROLD	5.1 TITLE	
NAME	WALDFOGEL, HAROLD	5.2 NAME	
STREET ADDRESS	40500 ANN ARBOR ROAD, STE 102	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	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 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, with all other like empowered.

SIGNATURE: Robert E. Hutchinson **REQUIRED** Robert E. Hutchinson 2-10-99 (734)459-4500
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)