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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H19276** **(5)**

1. Corporation Name

REMICO MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~2201 WEST SAMPLE ROAD~~ ~~BUILDING 9, SUITE 1A~~ ~~POMPANO BCH FL 33073~~	~~2201 WEST SAMPLE ROAD~~ ~~BUILDING 9, SUITE 1A~~ ~~POMPANO BCH FL 33073~~

3. Date Incorporated or Qualified: **09/04/1984**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-2456050** ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1761 W Hillsboro Blvd	26 1761 W Hillsboro Blvd
22 Suite, Apt. #, etc. 401	27 Suite, Apt. #, etc. 401
23 City & State: Deerfield Beach, FL	28 City & State: Deerfield Beach, FL
24 Zip: 33442 25 Country: USA	29 Zip: 33442 30 Country: USA

9. Name and Address of Current Registered Agent

GLASER, ALLAN M. ESQ.
11900 BISCAYNE BLVD.
SUITE 807
MIAMI FL 33181

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTELLANO, WILLIAM ~~2201 W SAMPLE RD BLG 9~~ ~~POMPANO BCH. FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 1761 W Hillsboro Blvd, #401 Deerfield Beach, FL 33442
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASTELLANO, MAURICE II ~~2201 W SAMPLE RD, BLDG 9 #1A~~ ~~POMPANO BCH FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 1761 W Hillsboro Blvd, #401 Deerfield Beach, FL 33442
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Pres. 3/27/96 (954) 427-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)