


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H26354 (1) 1. Corporation Name R/E MARKETING COMMERCIAL & INVESTMENT REAL ESTATE SERVICES, INC.			
Principal Place of Business 701 W. FLETCHER AVE., SUITE D TAMPA FL 33612		Mailing Address 701 W. FLETCHER AVE., SUITE D TAMPA FL 33612-3430	
2. Principal Place of Business 21 203 North Marion St. Suite, Apt. #, etc. 22 City & State 23 Tampa, Florida Zip Country 24 33602 25		2a. Mailing Address 26 203 North Marion St. Suite, Apt. #, etc. 27 City & State 28 Tampa, Florida Zip Country 29 33602 30	
9. Name and Address of Current Registered Agent OXTAL, RONALD A. 701 W. FLETCHER AVE., SUITE D TAMPA FL 33612		10. Name and Address of New Registered Agent 81 Name 82 Ronald A. Oxtal Street Address (P.O. Box Number is Not Acceptable) 83 203 North Marion Street 84 City 85 Tampa FL 33602	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENDRY, HAYNES T. 701 W. FLETCHER AVE #D TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 203 North Marion Street Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OXTAL, RONALD A. 701 W. FLETCHER AVE #D TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 203 North Marion Street Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E034 (9/96)