

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

**FILED**

**Feb 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H93468 (7)**  
1. Corporation Name  
**REMIZZO INC.**



Principal Place of Business <b>4200 GULF BLVD ST. PETERSBURG FL 33706 US</b>	Mailing Address <b>4903 34TH ST S ST. PETERSBURG FL 33711 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business Suite, Apt. #, etc.	<b>26</b> Mailing Address <b>4200 GULF BLVD</b>
<b>22</b> City & State	<b>27</b> City & State <b>St. Pete Beach, FL</b>
<b>23</b> Zip	<b>28</b> Zip <b>33706</b>
<b>24</b> Country	<b>29</b> Country <b>USA</b>

<b>3.</b> Date Incorporated or Qualified <b>01/09/1986</b>
<b>4.</b> FEI Number <b>59-2634733</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**ROLFE, THOMAS C.**  
**3637 34TH ST. S.**  
**SUITE E**  
**ST. PETERSBURG FL 33711**

**10. Name and Address of New Registered Agent**

<b>1</b> Name <b>Rolfe, Thomas C.</b>
<b>2</b> Street Address (P.O. Box Number is Not Acceptable) <b>4562 14th Ave N.</b>
<b>34</b> City <b>St. Petersburg</b>
<b>85</b> Zip Code <b>33713</b>

**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 607.005, Florida Statutes.

SIGNATURE *Thomas C. Rolfe* DATE **2-12-98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>ROLFE, THOMAS C.</b>	
STREET ADDRESS	<b>4803 34 ST S</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOLUS, RAZA</b>	
STREET ADDRESS	<b>910 PINELLAS BAYWAY #204</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>SAC</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOULS, JOANNA</b>	
STREET ADDRESS	<b>910 PINELLAS BAYWAY #204</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>TC</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOULS, GILLIAN</b>	
STREET ADDRESS	<b>910 PINELLAS BAYWAY #204</b>	
CITY-ST-ZIP	<b>ST PETE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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.

SIGNATURE: *Thomas C. Rolfe Pres.* DATE: **2-12-98** **813 367-1603**

CR2E034 (10/97)