

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L37217** (1)  
1. Corporation Name:  
**REEMARK FLORIDA MANAGEMENT, INC.**

Principal Place of Business: **C/O RENE A GAREAU  
4273 BOCA POINTE DRIVE  
SARASOTA FL 34238**

Mailing Address: **C/O RENE A GAREAU  
4273 BOCA POINTE DRIVE  
SARASOTA FL 34238**

**APPROVED AND FILED**

95 MAY -1 PM 1:43

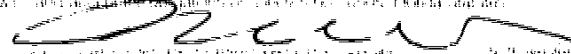
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified: <b>12/19/1989</b>	3a. Date of Last Report: <b>08/08/1994</b>
21. State Apt # etc:	26. State Apt # etc:	4. FEI Number: <b>65-0164936</b>		Applied For: <input type="checkbox"/> Not Applicable	
22. City & State:	27. City & State:	5. Certificate of Status Desired: <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State:	28. City & State:	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. City & State:	25. City & State:	29. City & State:		30. City & State:	

9. Name and Address of Current Registered Agent: <b>RENE A. GAREAU 4273 BOCA POINTE DRIVE SARASOTA FL 34238</b>				10. Name and Address of New Registered Agent:	
B1. Name:				B5. <input checked="" type="checkbox"/> No	
B2. Street Address (P.O. Box Number is Not Acceptable):					
B3. City & State:					
B4. City:				FL	

11. I, the undersigned, being duly sworn, depose and say that I am duly qualified to act as a registered agent for the purposes of changing its registered office in accordance with the provisions of the Florida Statutes, and that the above named corporation submits this statement for the purpose of changing its registered office in accordance with the provisions of the Florida Statutes, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and will comply with the provisions of the Florida Statutes.

SIGNATURE: 

12. OFFICERS AND DIRECTORS:		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:	
12.1 NAME: <b>PD FENTON, SHELDON C.</b>	12.2 STREET ADDRESS: <b>149 DUNVEGAN RD. TORONTO-ONTARIO- M5P 2N8 CA.</b>	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: <b>DCS GAREAU, RENE A.</b>	12.4 STREET ADDRESS: <b>2473 BOCA POINTE DRIVE SARASOTA FL</b>	13.2 NAME: <b>GAREAU, RENE A.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(5)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my separate 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 687, Florida Statutes, and that my name appears in Block 13 of this report or on an attachment with an address.

SIGNATURE:   
SHELDON C. FENTON  
OFFICIAL OFFICER OR DIRECTOR

April 13 1995 (116) 967-9090