

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

99 DEC -3 PM 1:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



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

199 Amended

DOCUMENT # L 99882
 1. Corporation Name Remell's Inc.

Principal Place of Business Mailing Address
 17219 N.W. 27 Avenue Opa-locka, FL. 33055
 19410 N.W. 17 Ave, Opa-locka, FL. 33056

3. Date Incorporated or Qualified 9/12/90
 3a. Date of Last Report 1999
 4. FEI Number 65-0235970
 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
 Benjamin B. Cowins, II
 19410 N.W. 17 Ave.
 Opa-locka, FL. 33056

10. Name and Address of New Registered Agent
 81. Name Benjamin B. Cowins, Sr.
 82. Street Address (P.O. Box Number is Not Acceptable) 19410 N.W. 17 Ave.
 83.
 84. City Opa-locka, FL 85. Zip Code 33056

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 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, familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Benjamin B. Cowins, Sr. DATE: 10/5/99
(Type in name of registered agent, if different from above) (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 (P) Benjamin B. Cowins, II
 19410 N.W. 17 Ave.
 Opa-locka, FL. 33056
 [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 P [X] Change [] Addition
 Benjamin B. Cowins, Sr.
 19410 N.W. 17 Avenue
 Opa-locka, FL. 33056 [] Change [X] Addition
 V. Harriet Cowins
 19410 N.W. 17 Ave
 Opa-locka, FL. 33056 [] Change [] Addition
 400003069784--7
 -12/14/99--01086--006
 *****70.00 *****70.00
 [] Change [] Addition
 KE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin B. Cowins, Sr. DATE: 10/5/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 653-1416
 Daytime Phone #

CR2E034 (3/96)