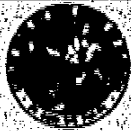


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
95 APR 19 AM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M56662 (3)

1. Corporation Name
REMS, INC.

Principal Place of Business Mailing Address
2911 NW COMMERCE PARK DR. BAY #1 BOYNTON BEACH FL 33426-6781 **2911 NW COMMERCE PARK DR. BAY #1 BOYNTON BEACH FL 33426-6781**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/03/1987** 3a. Date of Last Report **03/22/1994**
4. FBI Number **65-0006544** 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**
7. 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 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**-LEWANDOWSKI; EDWARD
2911 N.W. COMMERCE PARK DR.
BAY #1
BOYNTON BEACH FL 33426-**

10. Name and Address of New Registered Agent
81 Name **LEWANDOWSKI EDWARD**
82 Street Address (P.O. Box Number is Not Acceptable) **2911 NW COMMERCE PARK DRIVE**
83 **BAY #1**
84 City **BOYNTON BEACH** FL 85 Zip Code **33426**

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 **Edward Lewandowski** *Edward Lewandowski* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANDOWSKI, EDWARD	1.2 NAME	LEWANDOWSKI EDWARD
STREET ADDRESS	631 IBIS	1.3 STREET ADDRESS	1901 BANYAN CREEK CIRCLE NORTH
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	BOYNTON BEACH FL 33436
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, EDWARD S III	2.2 NAME	
STREET ADDRESS	PALOMINO CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 as an attachment with an address.

SIGNATURE: *Edward Lewandowski* **EDWARD LEWANDOWSKI** Date **3-6-95** (Type in 1995)