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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M59183 (7)

1. Corporation Name
REMAL CORPORATION



Principal Place of Business 5020 TAMiami TRAIL, NORTH 200 NAPLES FL 34103 US	Mailing Address 5020 TAMiami TRAIL, NORTH 200 NAPLES FL 33940 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 Laurel Oak Dr. Suite, Apt. #, etc. 22 600 City & State 23 Naples, FL Zip 24 34108	2a. Mailing Address 26 800 Laurel Oak Dr. Suite, Apt. #, etc. 27 600 City & State 28 Naples, FL Zip 29 34108	3. Date Incorporated or Qualified 09/15/1987
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4. FEI Number 52-1540542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

HANS F. LEVY
5020 TAMiami TRAIL, NORTH
SUITE 200
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Hans F Levy
82 Street Address (P.O. Box Number is Not Acceptable) 800 Laurel Oak Dr.
83 Suite 600
84 City Naples
85 Zip Code FL 34108

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]* DATE: **4/22/98**

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME LEVY, HANS	
STREET ADDRESS 5020 TAMiami TRAIL N, SUITE 200	
CITY-ST-ZIP NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 800 Laurel Oak Dr., Suite 600	
1.4 CITY-ST-ZIP Naples, FL 34108	

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: *[Signature]* DATE: **4/22/98** (741) 597 9300

CR2E034 (10/97)