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

**FILED PROFIT** May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # M64010 (5) R E M SERVICES, INC. Principal Place of Business Mailing Address 9715 SW 73 AVENUE 9715 SW 73 AVENUE MIAM! FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1987 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 65-0135325 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GANTT, RAGAN 8220 SUNSET DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 83 84 City 11. Pursuant to the provisions of Sections 607.05.02 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Stgnature, typed or printed came of regelered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITLE 13 TITLE Change NAME MCLAUGHLIN, RAYMOND 1.2 NAME STREET ADDRESS 9715 S.W. 73RD AVENUE 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE PTSV DELETE Change Addition 21 TITLE MCLAUGHLIN, RAYMOND NAME 22 NAME 9715 SW 73RD, AVE. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Miami Fl 2.4 CITY - ST- ZIP ☐ DELETE 3.1 TITLE Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 of 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 chapted of in an attack time address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Change

Addition

6.1 THLE

5.2 NAME

DELETE

EMOLANGUINI

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

NAME