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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N97000001968  
1. Corporation Name  
REMM COMMUNITY DEVELOPMENT, INC.

Principal Place of Business  
4015 NORTH U.S. #1 NORTH  
COCOA FL 32927

Mailing Address  
4015 NORTH U.S. #1 NORTH  
COCOA FL 32927

|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/07/1997  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. I Number<br>59-3597421<br>Applied For<br>Not Applicable   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required            |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>MILLER, QUAN<br>4015 NORTH U.S. #1 NORTH<br>COCOA FL 32927 | 10. Name and Address of New Registered Agent<br>B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable)<br>B3<br>B4 City<br>FL B5 Zip Code |
|---|---|

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILLER, QUAN L<br>1438 VICTORIA BLVD.<br>ROCKLEDGE FL 32855<br><input type="checkbox"/> DELETE             | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MILLER, PRISCILLA L<br>5551 SPRING LAKE TERR.<br>BOYNTON BEACH FL 33437<br><input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MILLER, ASTON D<br>12964 75TH LANE NORTH<br>WEST PALM BEACH FL 33412<br><input type="checkbox"/> DELETE    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MENENDEZ, CAROLYN L<br>1129 21ST ST.<br>WEST PALM BEACH FL 33407<br><input type="checkbox"/> DELETE         | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILLER, BENJAMIN F<br>550 N.W. 21 CT.<br>POMPANO BEACH FL 33060<br><input type="checkbox"/> DELETE          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILLER, RUEBEN<br>18040 N.E. 10TH AVE.<br>N. MIAMI FL 33162<br><input type="checkbox"/> DELETE              | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Quan Miller 8/25/99 (407)632-5660  
Signature, typed or printed name of officer or director Date Office Phone

CR2E037 (1/98)