

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

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95 MAY -1 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21414 (8)

1. Corporation Name
R/E MANAGEMENT SERVICES, INC.

Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1988	3a. Date of Last Report 04/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1238363	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

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 typed or printed name of registered agent and tax if applicable (NOTE: Registered Agent signature required when in-class) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	MCDOWELL, FRANK C	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6954 AMERICANA PARKWAY	1.2 NAME	
STREET ADDRESS	REYNOLDSBURG OH 43068	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE V	BLACKMORE, DAVID F	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6954 AMERICANA PARKWAY	2.2 NAME	
STREET ADDRESS	REYNOLDSBURG OH 43068	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE S	BOWNAS, JAMES H	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6954 AMERICANA PARKWAY	3.2 NAME	
STREET ADDRESS	REYNOLDSBURG OH 43068	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE D	MCDOWELL, FRANK C	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6954 AMERICANA PARKWAY	4.2 NAME	
STREET ADDRESS	REYNOLDSBURG OH 43068	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE D	BOWNAS, JAMES H	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6954 AMERICANA PARKWAY	5.2 NAME	
STREET ADDRESS	REYNOLDSBURG OH 43068	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE D	PAUSCH, ROBERT E	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6954 AMERICANA PARKWAY	6.2 NAME	
STREET ADDRESS	REYNOLDSBURG OH 43068	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 110.07(3)(b), 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 the attachment with an address.

SIGNATURE: James H. Bownas **JAMES H. BOWNAS** APRIL 26, 1995 (614) 575-5214