

3-27-97 B-3691 MC
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Mar 27 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 43068-4115

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/24/1988	04/05/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	31-1238363	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution
			<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLING, JOHN B	1.2 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMORE, DAVID P	2.2 NAME	Thompson, Mark D.
STREET ADDRESS	6954 AMERICANA PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDER, MICHELE R	3.2 NAME	Sosh, Michael F.
STREET ADDRESS	6954 AMERICANA PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEGLER, RONALD P	4.2 NAME	Koegler, Ronald P.
STREET ADDRESS	6954 AMERICANA PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIN, DAIN C	5.2 NAME	Meyer, Jeffrey D.
STREET ADDRESS	6954 AMERICANA PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Selid, Paul R.
STREET ADDRESS		6.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Reynoldsburg, OH 43068

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* JEFFREY D. MEYER SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: _____ DAYTIME PHONE #: (614) 575-5223

CR2E034 (9/96)