


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

**APPROVED AND FILED**

**95 APR 24 PM 3: 37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<p><b>CORPORATION ANNUAL REPORT 1995</b></p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS</p>
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**DOCUMENT # P92000000722 (8)**

1. Corporation Name  
**THE RHEM GROUP, INC.**

Principal Place of Business <b>903 E. NEW HAVEN AVE. MELBOURNE FL 32901</b>	Mailing Address <b>903 E. NEW HAVEN AVE. MELBOURNE FL 32901</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/27/1992</b>		3a. Date of Last Report <b>04/28/1994</b>	
4. FEI Number <b>59-3151610</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21</b>				2a. Mailing Address <b>26</b>				4. FEI Number <b>59-3151610</b>				Applied For <input type="checkbox"/> Not Applicable			
22				27				5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
City & State <b>23</b>				City & State <b>28</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees			
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>		8. 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

**RHEM, D. D JR  
1800 WEST HIBISCUS BLVD.  
SUITE 138  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>RHEM, D D JR</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHEM, D D JR</b>	1.2 NAME	
STREET ADDRESS	<b>903 E. NEW HAVEN AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL 32901</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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)(k), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE:  **B. D. Rhem Jr., President**

DATE: **4/19/95** (407) 725-0710