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

CORPORATION ANNUAL REPORT



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

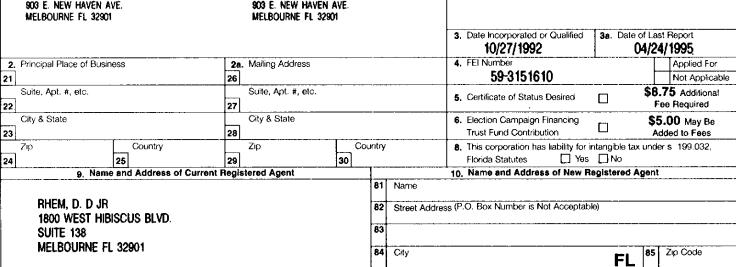
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P92000000722 (8) **DOCUMENT #**

THE RHEM GROUP, INC.

Principal Place of Business 903 E. NEW HAVEN AVE. Mailing Address

903 E. NEW HAVEN AVE.



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	ignature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature require-	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELE	TE 1.1 TITLE	☐ Change ☐ Addition
NAME	RHEM, D D JR	1.2 NAME	
STREET ADDRESS	903 E. NEW HAVEN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	
TITLE	DELE	TE 2. 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CHTY-ST-ZIP		2 4 CITY - ST - ZIP	
TITLE	☐ DELE	STE 3. 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELE	ETE 4. 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CHY-ST-ZIP	
TITLE	DELI	ETE 5 1 TITLE	Change Addition
NAME		5 2 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-S1-ZIP		54 CITY-SY-ZIP	
TITLE	☐ DELI	ETE 6 1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

I do hereby certify that the information supplied with certify that the information indicated on this annual re-oath; that I am an officer or director of the corporation g is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc th an address.

SIGNATURE

IGNING OFFICER OR DIRECTOR

4/24/96

(407) 725-0710