## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P92000000722 (8)

THE RHEM GROUP, INC.

RHEM, D. D JR

Principal Place of Business Mailing Address 903 E. NEW HAVEN AVE. 903 E. NEW HAVEN AVE. MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 2a. Mailing Address 21 26

59-3151610 Suite, Apt. #, etc Suite, Apt. #, etc.  $\Box$ 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution Zip Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔲 Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

1800 WEST HIBISCUS BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 138 83 **MELBOURNE FL 32901** Zip Code

FILED May 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 10/27/1992

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** Signalure, typed or pointed name of expisience agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE RHEM. D D JR 12 NAME 903 E. NEW HAVEN AVE STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE FL 32901** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 2 1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 7IP DELETE Change Addition TITLE 4.1 1ffLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 COYY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with the fulling 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 and a 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 response or trusted empowered to exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/27/98 (407) 725-0710

Block 12 or Block 13 if chan