

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000003272 (1)**

1. Corporation Name  
**REM SYSTEMS INC.**



Principal Place of Business: **C/O ROBERT MARQUETTE, II  
6509 BIMINI COURT  
APOLLO BEACH FL 33572**

Mailing Address: **C/O ROBERT MARQUETTE, II  
6509 BIMINI COURT  
APOLLO BEACH FL 33572**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>11/04/1992</b>	<b>03/22/1995</b>
4. FEI Number	Applied For
<b>59-3148433</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARQUETTE, ROBERT E II 6509 BIMINI COURT APOLLO BEACH FL 33572</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>D MARQUETTE, ROBERT E II</b>	<input type="checkbox"/> DELETE	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>6509 BIMINI COURT</b>		13.2 NAME: _____	
12.3 CITY, ST, ZIP: <b>APOLLO BEACH FL 33572</b>		13.3 STREET ADDRESS: _____	
12.4 NAME: _____	<input type="checkbox"/> DELETE	13.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: _____		13.5 TITLE: _____	
12.6 CITY, ST, ZIP: _____		13.6 NAME: _____	
12.7 NAME: _____	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: _____		13.8 CITY, ST, ZIP: _____	
12.9 CITY, ST, ZIP: _____		13.9 TITLE: _____	
12.10 NAME: _____	<input type="checkbox"/> DELETE	13.10 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: _____		13.11 STREET ADDRESS: _____	
12.12 CITY, ST, ZIP: _____		13.12 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____	<input type="checkbox"/> DELETE	13.13 TITLE: _____	
12.14 STREET ADDRESS: _____		13.14 NAME: _____	
12.15 CITY, ST, ZIP: _____		13.15 STREET ADDRESS: _____	
12.16 NAME: _____	<input type="checkbox"/> DELETE	13.16 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: _____		13.17 TITLE: _____	
12.18 CITY, ST, ZIP: _____		13.18 NAME: _____	
12.19 NAME: _____	<input type="checkbox"/> DELETE	13.19 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS: _____		13.20 CITY, ST, ZIP: _____	
12.21 CITY, ST, ZIP: _____		13.21 TITLE: _____	

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 119.07(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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R.E. Marquette* **R.E. Marquette** 1-14-96 813-645-4492

CR2E034 (12/95)