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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000050492 (6)

REMY, INC.

Principal Place of Business	
216 DUVAL ST KEY WEST FL	

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 10011001 110 10100 11111 00111 03111 031	ni Angol Aniin Ragai Anaga n	// <b>4</b> // <b>8</b> / <b>/88</b> /			
216 DUVAL ST 216 DUVAL ST									
KEY WEST FL KEY WEST FL				DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qualified	IN THIS SI ACE	-	
						07/19/1993			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21 26						65-0443378		t Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75		
City & State	2         27           City & State         City & State					6. Election Campaign Financing	Fee Re	<del></del>	
23	<b>,</b>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30. Yes No			
	<ol> <li>Name and Address of Curre</li> <li>MAL, RAFAEL</li> </ol>	nt Registered Agent		81 Name		10, Name and Address of New Reg	istered Agent		
	MAL, HAFAEL 30 COCO PLUM MANOE				.لا	UDITH Green.			
	ANTATION FL 33040			82 Street	Addres	s (P.O. Box Number is Not Acceptable 2.5	e) (~7     )		
				83		1 20 (101)	<u> </u>		
				84 City			las Zin (	- Codo	
				`	11011	412000	FL 85 33	O Z O	
11. Pursuant t	to the provisions of Sections 607.056	02 and 607,1508, Florida State of Florida, Such change was	utes, the at	ove-named	corpor	ation submits this statement for the pun's board of directors. I hereby accept	rpose of changing its	s registered	
agent. I a	th familiar with jand account the oblig	ations of, Section 607.0505, F		utes.	portation	11/28/0	C	rogisterou	
SIGNATURE	Signature typed or printed name of registered ag	and and the Laurenanida (A)	Judi			en berg 4/28/9 when reinstating)	8		
12.		VD DIRECTORS	13.	Agent signature	e requireo	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	S IN 12	
TITLE	0	DELETE	1,1 10	L£	1		Change	Addition	
NAME	GREENBERG JUDITH	1.2 NAN		ME	Ju	dith Greenber	9	];	
STREET ADDRESS	3742 EAGLE AVE		1.3 ST	REET ADDRESS	197	es Harrison ST	0-		
CITY-ST-ZIP	KEY-WEST-FL	D DELETE		TY-ST-ZIP	1/2	Hywood, 4L 33	3/80		
TITLE NAME	JAMAL RAFAEL	☐ DELETE	2.1 T(1			0	Change	Addition	
STREET ADDRESS	6830 COCO PLUM MANOR		2.2 NA	REET ADDRESS	1				
CITY-ST-ZIP	PLANTATION FL			TY - ST - ZIP					
TITLE		☐ DEL€TE	3.1 TII				Change	☐ Addition	
NAME			3.2 NA	ME				}	
STREET ADDRESS			3.3 ST	REET ADDRESS				İ	
CITY-ST-ZIP		T oner		TY - ST - ZIP	<u> </u>		- <b>-</b>		
TITLE		☐ DELETE	4.1 111				L. Change	☐ Addition	
NAME STREET ADDRESS			4 2 N/	ame Reet address :					
CITY-ST-ZIP				IY-ST-ZIP					
TITLE		☐ DELET <b>E</b>	5.1 T/I		<del>                                     </del>		Change	Addition	
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	reet address	}				
CITY-ST-ZIP				TY-ST-ZIP				<del></del>	
TITLE		☐ DETE1 <b>E</b>	6.1 TH				Change	Addition	
NAME			6.2 NA						
STREET ADDRESS				REET ADDRESS					
14. I hereby c	ertify that the information supplied v	vith this filing does not qualify	for the exe	ry-st-zip mption state	d in Se	ection 119.07(3)(i), Florida Statutes. I fe	urther certify that the	information	
Indicated	on this annual report or supplement director of the corporation or the rec	al annual report is true and ac	curate and	i that my sic	nature	shall have the same legal effect as if i	made under oath: tha	ıtlam 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 or on an attachment with an address									