

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**

96 SEP -6 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000069332 (3)

REMECA, CO.

Principal Place of Business: 8032 S. 78TH STREET RIVERVIEW FL 33569
Mailing Address: 8032 S. 78TH STREET RIVERVIEW FL 33569

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 06/05/1995
4. FEI Number: 59-3210690
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
METALLO, ANGELO
11500 SUMMIT W. BLVD.
APT. 26D
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City

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: _____ (Signature typed or printed name of registered agent and the corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	<input checked="" type="checkbox"/> METALLO, ANGELO		
	<input type="checkbox"/> DELETE		
STREET ADDRESS	11500 SUMMIT W. BLVD., SUITE 26D	13 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	14 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	21 TITLE	
STREET ADDRESS		22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
STREET ADDRESS		31 TITLE	
CITY-ST-ZIP		32 NAME	
	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
STREET ADDRESS		34 CITY-ST-ZIP	
CITY-ST-ZIP		41 TITLE	
	<input type="checkbox"/> DELETE	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	51 TITLE	
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
STREET ADDRESS		61 TITLE	
CITY-ST-ZIP		62 NAME	
	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
STREET ADDRESS		64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Metallo 09/09/96 (813) 6772811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)