

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

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98 JUL 24 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000036206 (8)
1. Corporation Name ...
REMAN USA, INC.

Principal Place of Business: 2461 ROLAC ROAD JACKSONVILLE FL 32207
Mailing Address: 2461 ROLAC ROAD JACKSONVILLE FL 32207

2. Principal Place of Business
21 829 HAINES ST
22 Suite, Apt. #, etc.
23 JACKSONVILLE FL
24 Zip 32202 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 05/09/1994

4. FEI Number: 59-3229610
Applied For: Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SHIELDS, ROBERT
2461 ROLAC ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST SHIELDS, VIRGINIA P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2461 ROLAC RD JACKSONVILLE FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	300002601493--3
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-07/29/98--01055--008
TITLE	V SHIELDS, ROBERT D	2.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2461 ROLAC RD. JACKSONVILLE FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V SHIELDS, GARY W	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2461 ROLAC ROAD JACKSONVILLE FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	TS 98 APR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	7/28
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 in an attachment with an address.

CR2E034 (10/97)