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 # P94000046550 (7)

REMCO SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



| 7595 CINEBAR DRIVE BOCA RATON FL 33433 | | 10903 BAL HARBOR DR BOCA RATON FL 33498 US | BOCA RATON FL 33498 | | DO NOT WRITE IN THIS SPACE | | |
|--|---|--|-----------------------------------|--------------|--|----------------|---------------|
| | | | | | Date Incorporated or Qualified 06/22/1994 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | pplied For |
| 21 10903 | BAL HARBOL BK | 26 | | | 65-0512621 | | ot Applicable |
| Sulte, Apt. 1 | A BATON FL' | Suite, Apt. #, etc. | | | Certificate of Status Desired See Required See Required | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 23 4 4 0 Country | | Zip Country | | | This corporation owes or has paid the current year Intangible | | |
| 24 | 25 USA | | 30 | | Personal Property Tax due June 30. Yes No | | |
| 731 | 9. Name and Address of Curren | | | | 10. Name and Address of New Registered | Agent | = |
| KUI | NE, FRIEDA L | | 81 | Name | | | |
| | 03 BAL HARBOR DR | | 82 | Street Ar | ddress (P.O. Box Number is Not Acceptable) | | |
| BO | CA RATON FL 33498 | | | Oli COLI TIC | solodo (i. o. box Hallibor la Hat / toopitable) | | |
| | | | 63 | | | | |
| | | | 84 | City | | 85 Zip | Code |
| 44 Dureuent I | o the provisions of Spelious 607 050 | 2 april 607 1508 Florida Statutos | the about | a named o | FL | chanoina i | te registered |
| 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 Section 607.0502 and 607.0503 as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligators of Section 607.0503. Florida Statutes. | | | | | | | |
| | | | | | | | |
| SIGNATURE Clambure Typed or punited about of trig steriod agent and bite in approachie (NOTE Registered Agent signature required when reinstating) DATE OPEN TO STATE OF THE STATE OF TH | | | | | | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | DP SOURCE | ☐ DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | KLINE, FRIEDA L | | 1.2 NAME | | | | |
| STREET ADDRESS | 10903 BAL HARBOR DR | | 1.3 STREE1 | ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | D OFFET | 1.4 CITY - S | T-ZIP | | | |
| THILE | | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition |
| NAME OTOGET ADDRESS | | | 2.2 NAME | ADDRESS | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | - Jane | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CITY+ST-ZIP | | | 3.4. CHTY-5 | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CHY-ST-ZIP | | | 4.4 CITY-S | T - ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | Driver | 5.4 CITY - S | 1 · ZIP | | | 4,220(|
| TITLE | 11 | [] DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME PERFET ADDRESS | | | 6.2 NAME | Apparea | | | |
| STREET ADDRESS | | | 6.3 STREET | | | | |
| 14. I hereby co | ertily that the information supplied wi | th this filing does not qualify for | ■ 6.4 City - S the exemp | | in Section 119.07(3)(i). Florida Statutes I further ce | rtify that the | information |
| 14. Thereby 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 supplymental annual report structure 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 of the receiver or trusted employed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed fir on an attachaged with an adjuster. | | | | | | | |