

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **994000080706**
1. Corporation Name
R.E.M. Resources Inc

Principal Place of Business Mailing Address
**Route 5 Box 5430
Monticello Florida 32344**

3. Date Incorporated or Qualified **28 Oct 1994** 3a. Date of Last Report **18 April 1995**
4. FEI Number **59-2895304** 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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Route 5 Box 5430** 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Monticello, Florida** 28
24 **32344** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**Michael Knowles
Route 4 Box 4435
Monticello FL 32344**

10. Name and Address of New Registered Agent
81 Name **Michael Knowles**
82 Street Address (P.O. Box Number is Not Acceptable) **Route 5 Box 5430**
83
84 City **Monticello** FL 85 Zip Code **32344**

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 **Michael Knowles, CEO - Michael V. Knowles, CEO** DATE **5-2-96**

12. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Christopher Mitchell	
STREET ADDRESS	Route 4 Box 4435	
CITY- ST- ZIP	Monticello Florida 32344	
TITLE	President	<input type="checkbox"/> DELETE
NAME	B.J. Rasmussen	
STREET ADDRESS	Route 5 Box 5430	
CITY- ST- ZIP	Monticello FL 32344	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Michael Knowles	
STREET ADDRESS	Route 5 Box 5430	
CITY- ST- ZIP	Monticello FL 32344	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Steven Knowles	
STREET ADDRESS	Route 5 Box 5430	
CITY- ST- ZIP	Monticello FL 32344	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	Richard Knowles	
STREET ADDRESS	Route 5 Box 5430	
CITY- ST- ZIP	Monticello FL 32344	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Selvatore L. Palmisano	
3. STREET ADDRESS	Route 5 Box 5430	
4. CITY- ST- ZIP	Monticello Florida 32344	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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)(c), 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: **Selvatore Palmisano** DATE **02 May 1996** FILING NUMBER **704.997.2959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)