

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # R95000011719 (0)
Corporation Name

REMCO TECHNOLOGIES CORPORATION

Principal Place of Business

Mailing Address

1600 SE 17 Street
Ft. Lauderdale, FL
33316

1600 SE 17 Street
Ft. Lauderdale, FL
33316

3. Date Incorporated or Qualified
2-10-95

3a. Date of Last Report
Initial

2. Principal Place of Business

2a. Mailing Address

21 920 NE 13 Street

26 920 NE 13 Street

4. FEI Number
65-0644721

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

City, State
Ft. Lauderdale, FL

City, State
Ft. Lauderdale, FL

Zip 33304

Country USA

Zip 33304

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD THOMAS SPANN
1600 SE 17 Street
Fort Lauderdale, FL

81 Name
R. EDWARD MORETH

82 Street Address (P.O. Box Number is Not Acceptable)
920 NE 13 Street

84 City
Fort Lauderdale,

FL

85 Zip Code
33304

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. ☒ DELETE
TITLE D
NAME Ronald Thomas Spann
STREET ADDRESS 1600 SE 17 Street
CITY-ST-ZIP Fort Lauderdale, FL 33316

13. ☐ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME Susan Moreth
STREET ADDRESS 3000 Seaview Place
CITY-ST-ZIP Fort Lauderdale, FL 33305

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME David S. Finch
STREET ADDRESS 12403 SW 8 Street
CITY-ST-ZIP Davie, FL 33325

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-08/20/96--01121--033
***225.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

85 8/30/96

0084484

CP