

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 # **P95000011848 (5)**

1. Corporation Name
REMEDATION ASSOCIATES, INC.



Principal Place of Business: **1630 CLARE AVE. WEST PALM BEACH FL 33401**
Mailing Address: **1630 CLARE AVE. WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **02/10/1995**
3a. Date of Last Report

2. Principal Place of Business: **8965 S.E. BRIDGE RD SUITE 204 HOBE SOUND, FL 33455 MARTIN**
2a. Mailing Address: **P.O. BOX 0630 HOBE SOUND, FL 33475-0630 MARTIN**

4. FEI Number: **65-0553814**
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

9. Name and Address of Current Registered Agent:
**SIGLER, PAUL D
1630 CLARE AVE.
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent:
81 Name: **PAUL D. SIGLER**
82 Street Address (P.O. Box Number is Not Acceptable): **9550 S. OCEAN DR. #409**
83
84 City: **JENSEN BEACH FL** 85 Zip Code: **34957**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 revoking)

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	PAUL D. SIGLER		
1.3 STREET ADDRESS	9550 S. OCEAN DR. #409		
1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957		
2.1 TITLE	SR. V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	WALTER J. BARROW, JR.		
2.3 STREET ADDRESS	87 BALFOUR ROAD		
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
3.1 TITLE	SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	PAUL D. SIGLER		
3.3 STREET ADDRESS	9550 S. OCEAN DR. #409		
3.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957		
4.1 TITLE	TREASURER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	GRACIE M. TABONE		
4.3 STREET ADDRESS	467 N.W. WHITMORE DRIVE		
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul D. Sigler** 4-4-96 (407) 546-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)

CR2E034 (12/95)