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

**PROFIT** CORPORATION ANNUAL REPORT

1998

NAME

CITY - ST - ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000084366 (0)

REMMERT & ASSOCIATES, INC.

115.1111					
Principal Place of Business Mailing Address				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2317 TRAVIS ROBERT AVENUE VALRICO FL 33594		2317 TRAVIS ROBERT AVENUE VALRICO FL 33594			
Dringing I	Disco of Business	2a. Mailing Address		10/30/1995 4. FEI Number   Applied For	
2. Principal Place of Business 2a. Mailir		F <del>-</del> ¬ *			
		Suite, Ap1. #, etc.		\$8.75 Additional	
22 27		27		6. Certificate of Status Desired Fee Required	
City & State City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	g. Name and Address of Curr	29	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
Dr		on negletore Agent	81 Name	10. Notice and Addison of Note Indiana. Co. 14	
REMMERT, RALPH 2317 TRAVIS ROBERT AVENUE VALRICO FL 33594			00 0000	(D.O. Day Musharia Mat Assaulta)	
			82 Street A	Address (P.O. Box Number is Not Acceptable)	
**	LI400 I E 00354		83		
			B4 City	<b>85</b> Zip Code	
				FL   T	
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent signature in	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered required when reinstating).	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	P, S, T ☐ Additio	
NAME	REMMERT, RALPH	L 51. 0.00	1.2 NAME	, ,	
STREET ADDRESS	2317 TRAVIS ROBERT AVEN	NUE	1.3 STREET ADDRESS		
DITY-ST-ZIP TITLE	VALRICO FL 33594	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Additio	
NAME		- Dettert	2.2 NAME	Change C radiillo	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	Change Additio	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	•-		3.4. CITY-ST-ZIP		
THTLE		☐ DELETE	<b>41 TITLE</b>	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP	☐ Change ☐ Additio	
TITLE		ביי מנגנונ	5.1 TITLE 5.2 NAME	L. Crange L. Additio	
NAME CIRCET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			9.8 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		

DELETE

6.2 NAME

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 or an attachment with an adopess.

6 3 STREE1 ADDRESS