FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

895000094201

Remegade Investments of Leniqu Acres,

Principal Place of Rusiness Marking Address	
Principal Place of Business Mading Address	
839 Brianwood Bud	
	0.004.05
NAPLES, FL. 34164	S SPACE
3. Date Incorporated or Qualified	
	····
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 65-0635863	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
22 27	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the c	
24 25 29 30 Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registere	d Agent
NOLD, ZOHN A 81 Name .	
82 Street Address (P.O. Box Number is Not Acceptable)	
1995 N. COLLIER BOOTS.	,
* 995 N. COLLIER BLVD. ROYAL PALM MALL 82 Street Address (P.O. Box Number is Not Acceptable) 83	
F MAYCO LSCADO, Pt. 34145 B4 City	85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the adove-named corporation's board of directors. Thereby accept the agent. Lam familiar with land accept the agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. 	opointment as registered
agent Lam familiariwith and/a/cooft this obligations of, Section 607 0505, Florida Statutes.	lace
SIGNATURE THE 4/11	78
Signature/predict printed home of reastered agent and the diapplicable (NOTA: Registered Agent's greature required when reinstating) DATE	NO DIDENTODO IN 46
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	Change Addition
	CI PHRIDE CI MODIIDO
NAME FISCHER, JOHN H	
STREET ADDRESS B39 BCIANWOOD BUD 1.3 STREET ADDRESS CITY-ST-ZIP NAPIRS, F1. 34104 14 CITY-ST-ZIP	
CITY-ST-21P NAVOLES, F1. 34104 14CITY-ST-21P	
I TOTE ↑↑ L DELETE 21 L	☐ Change ☐ Addition
NAME Reening, Kenneth 22 NAME	
STREET ADDRESS 243 ANGLEV CT. 23STREET ADDRESS	
DITY-ST-ZIP WALCO DSCAND, F1 34145 24011Y-ST-ZIP	
TIPLE DELETE 31 TIPLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
DOLLAR.	Change Addition
	Li Change Li Addition
NAME 4 2 NAME	.
STREET ADDRESS 4361REET ADDRESS	, ,
GITY-ST-ZIP 4.4 CITY-ST-7/P	
TITLE DELETE 511TLE	Chayge
NAME 52 NAME	カ <i>///のU</i> 「
STREET ADDRESS 53 STREET ADDRESS	14127
CITY+ST-ZIP 54 CITY+S1-ZIP	′ 1/ ′
ME DELETE 61PHE 10002500	□ ECHI*ge
NAME 62 NAME -04/27/9801010-	-n32
STREET ADDRESS ***BOO. []]	
■	
CITY-ST-ZIP 64 CITY ST-ZIP	

indicated on this annual report or supplemental armial 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 trusted 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:

Apr 24 1998 8:00am

Secretary of State