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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000009503 (9)**

1. Corporation Name
REMORA, INC.

Principal Place of Business
5129 CASTELLO DR., STE. 2
NAPLES FL 33940

Mailing Address
~~5129 CASTELLO DR., STE. 2~~
~~NAPLES FL 34103-1903~~

3. Date Incorporated or Qualified: 01/25/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5100 N. TAMIAMI TRAIL
Suite, Apt. #, etc.
22 SUITE 201
City & State
23 NAPLES, FLORIDA
Zip 24 34103 Country 25 U.S.

2a. Mailing Address
26 5117 Castello Drive
Suite, Apt. #, etc.
27 SUITE 1
City & State
28 NAPLES, FLORIDA
Zip 29 34103 Country 30 U.S.

4. FEI Number: 65-0562277 — 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

9. Name and Address of Current Registered Agent
SZEMPRUCH, DAVID J
5129 CASTELLO DR., STE. 2
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name: James W. Amburn
82 Street Address (P.O. Box Number is Not Acceptable): 5117 Castello Drive
83 SUITE 1
84 City: NAPLES, FL 85 Zip Code: 34103

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] James W. Amburn 4/30/97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☒ Change ☐ Addition
1.2 NAME	Werner Nagel	
1.3 STREET ADDRESS	5117 Castello Drive , SUITE 1	
1.4 CITY-ST-ZIP	NAPLES, FLORIDA 34103	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE [signature] 941-649-4152