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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 09 1997 8:00am

Secretary of State

## DOCUMENT # P96000034321 (5)

REIMEL ENTERPRISES, INC.

Dringlest Dr	o of Pusippes	Mailing Address	ddraee						
Principal Piace									
825 SOUTH ORLANDO AVENUE		325 SOUTH ORLANDO AVENUE SUITE 1-10							
SUITE 1-10 WINTER PARK FL 32789		WINTER PARK FL 32789-3608							
William I Lame						3. Date Incorporated or Qualified 04/16/1996	3a. Date	of Last Re	eport
2. Principal P	lace of Business	2e. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3372537		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			b. Certificate of Status Desired		Fee Re	quired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		26				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cot	untry		8. This corporation has liability for in			199.032,
24	25	29	30				Yes 🔲		
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Reg	istered Ag	ent	
BER	kson, gary m			81	Name				
1132	SYMONDS AVENUE	82 Street Add			Street Addr	dress (P.O. Box Number is Not Acceptable)			
	TER PARK FL 32789								
				83					
	0			84	City			<b>85</b> Zip (	^odo
	// ^	a 0			•			1 '	
11. Pursuant	to the provisions of Sections 607,059	a d 607.1798, Florida Statu	ites, the a	bove-	named corp	oration submits this statement for the plon's board of directors. I hereby accep	irposa of ch	nanging it	s registered
agent. La	egistered agent, or both, in the State im familiar with, and account the obliga	tions of Abetion 607.0505, Fi	authoriza Iorida Sta	ea by Itules.	ine corporai	ion's poard of directors. I hereby accep	the appoir	ilment as 1	registereo
SIGNATURE	IV and of						3/29/	197	
SIGNATURE	Signate 6, tylend or printed name of registered ages	nt and title if pplicable. (NO	1E Registero	cd Agen	I signature requir	ed when reinstaling)	DATE		
12.	OFF OF RS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE		1.1 TITLE			L	Change	Addition
NAME	<b>REIMEL, DAVID J JR.</b>		12 N	IAME					
STREET ADDRESS	325 South Orlando ave. S	UITE 1-10	1.3 S	STREET A	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 0	CITY-ST	- ZIP				
TITLE	☐ DELETE 21		ITLE				Change	Addition Addition	
NAME			22 N	IAME					
STREET ADDRESS			238	STREET A	ADDRESS	·			
CITY-ST-ZIP			2.40	CITY- ST	r-ZIP				
TITLE		DELETE	3.1 T					Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	STREET A	ADDRESS				
CITY-ST-ZIP			3.4 (	CITY-S1	1 - ZIP	•			
TITLE		☐ DELETE	4.1 T					Change	Addition
, NAME :			4.21	NAME	1				
STREET ADDRESS			4.3 \$	STREET A	ADDRESS				
CITY-ST-ZIP				CITY-ST	1				
TITLE		DELFTE	5.1 ?					Change	Addition
NAME				NAME	1				
STREET ADDRESS	l				ADDRESS				
CITY-ST-ZIP				ONY-ST					
TITLE		☐ DELETE	6.1 T		- 6 15			Change	Addition
NAME				NAME			L		
					ADDRESS				
STREET ADDRESS				SIKEEL <i>A</i> Sinv. ei					
PITY . CT . 7ID			<b>■</b> 627	71V C1	- 71P				

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the xort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that atigh or the receiver of true employered to execute this report as required by Chapter 607, Florida Statutos; and that my name