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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042289 (4)

RELOCATION INVESTMENTS MANAGEMENT SERVICES, INC.

FILED May 13 1998 8:00am Secretary of State



District District	- 45				
Principal Plac		Mailing Address			
709 W. FISCHER CIR. 709 W. FISCHER CIR.					
Sebastian Fl 32968 US		SEBASTAIN FL 32958 US		DO NOT WRITE IN THIS SPACE	
•		••		3. Date Incorporated or Qualified	
				05/17/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21 2920	CARDANAC DR	26 505 BEACHLI	and Blvl	0. 65-0667267 Not Applicable	
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired S8.75 Additional	
22		27 1-016		Fee Required	
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be	
23 VERC	BEACH, FC	28 VERU BEACH		Trust Fund Contribution	
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the current year Intangible	
24 BD96	3 25 USA	29 32963 30	USP	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	XOTT, SHEILA		B1 Name		
709 W. FISHER CIR.			82 Street	Address (P.O. Box Number is Not Acceptable)	
SEBASTIAN FL 32958					
:			83		
			84 City	FL 85 Zip Code	
44 Durayant	to the provisions of Continue 607 0502	and COZ SEON Florida Contidon	the about a smad		
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, typed or printed name of registered agent and title if applicable (NOYE Registered Agent signature required when reinstating) DATE Control of the co					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	PLAYFORD, GILBERT E		1.2 NAME		
STREET ADDRESS	4773 S NEWPORT ISLAND DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32967		1.4 CITY-ST-ZIP		
TITLE	VSTD	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	SCOTT, SHEILA		2.2 NAME		
STREET ADDRESS	709 W. FISCHER CIR		23 STREET ADDRESS		
CITY-ST-ZW	SEBASTIAN FL		2.4 CITY-ST-ZIP		
TITLE	USTA	☐ DELETE	3.1 TITLE	VSTO Change Addition	
NAME	SUHN A. TONER		3.2 NAME	JOHN A. TOWER	
STREET ADDRESS	4870 CAFUTEL COUNT	7	3.3 STREET ADDRESS	4870 CONFUTRY CT.	
CITY-ST-ZIP	VEROBERCH, FL 329	67	3.4. CITY-ST-ZIP	VETO A. TOWER VETO CONFUTRY CT. VETO BEACH, FC 32967	
TITLE	J. S. J.	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		_	4.2 NAME	_ •	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME	• • • • • •	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TIFLE	☐ Change ☐ Addition	
NAME			6.2 NAME	_ · _ · · ·	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
0117-31-2P			0.9 0111-51-212	d in Danie 140 07/09(). Etc. ide Otet des 16 altres partit des the information	

I nereby 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 erripowered 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.