


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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000054522 (3) 1. Corporation Name MICHAEL ANTHONY REMY, P.A.			
Principal Place of Business		Mailing Address	
2121 PONCE DE LEON BLVD., SUITE 550 CORAL GABLES, FLORIDA 33134		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 2121 PONCE DE LEON BLV	2a. Mailing Address	06/25/1996	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0677309	Applied For
22 SUITE 550	27 SUITE 550	5. Certificate of Status Desired	Not Applicable
City & State	City & State	<input type="checkbox"/>	\$8.75 Additional Fee Required
23 CORAL GABLES, FLORIDA	26 CORAL GABLES, FLORIDA	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	Trust Fund Contribution	<input type="checkbox"/>	
24 33134	25 DADE	29 33134	30 DADE
Zip	Country	Zip	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MICHAEL ANTHONY REMY 2121 PONCE DE LEON BLVD., SUITE 550 CORAL GABLES, FLORIDA 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	
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		DATE	
Signature, typed or printed name of registered agent, if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ANTHONY REMY	1.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD., 550	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800002460768
STREET ADDRESS		5.3 STREET ADDRESS	-03/18/98--01036--028
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
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 on an attachment with an address.			
SIGNATURE: <i>Michael Anthony Remy</i>		Date: 3-13-98 (305) 448-4441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/97)

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