

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000060516 (7)**

1. Corporation Name

REMINGTON 1504, INC.



Principal Place of Business

~~C/O GOODMAN & BREEN~~
~~5551 RIDGEWOOD DRIVE, #405~~
~~NAPLES FL 34108~~
~~US~~

Mailing Address

~~SAME~~
~~5551 RIDGEWOOD DRIVE, #405~~
~~NAPLES FL 34108~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10381 Gulfshore Dr		26 10405 Mohawk Ct.		07/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3393856	
City & State		City & State		Applied For	
23 Naples, FL		28 Fort Wayne, IN		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 34108		29 46804		34108	
Country		Country		8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5.00 May Be Added to Fees	
C/O GOODMAN & BREEN		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C/O GOODMAN & BREEN		C/O GOODMAN & BREEN			
5551 RIDGEWOOD DRIVE, #405		82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34108		5551 RIDGEWOOD DRIVE, #405			
		83			
		84 City		85 Zip Code	
		NAPLES		FL 34108	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	CHAFFEE, CLIFFORD	1.2 NAME	
STREET ADDRESS	10381 GULFSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DT
NAME	CHAFFEE, CHARLES	2.2 NAME	
STREET ADDRESS	10381 GULFSHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DVP
NAME		4.2 NAME	MACHER, FRANK
STREET ADDRESS		4.3 STREET ADDRESS	2525 COUNTRY CLUB ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	AUBURN HILLS, MI 48105
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Charles V. Chaffee

4-27-98 496432171
941-597-7765

CR2E034 (10/97)