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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 12 1997 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000076824 (7)

REM-FLORIDA COMMUNITY SERVICES, INC.

MILLER, DOUGLAS V

EDINA MN 55435

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS 6921 YORK AVENUE SOUTH

			_						ANTEN BERRE NAN	
Principal Place of Business Mailing Address							T TODANSKO TIŠ TOTIO OTINI ODNIT DOTIL DOTIL	PROPERTY (ANARI HONNA KEBU	i eigi inei
6821 YORK AV EDINA MN 554			6921 YORK AVENUE SOUTH EDINA MN 55435-2517							
						(Date Incorporated or Qualified D9/16/1996	3a. Da	te of Last R	eport
	ace of Business	2a. Mailing Address	2a. Mailing Address			4.	El Number		Ar	plied For
21		26					41-1854066			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A	
City & State	9	City & State	<u>├</u> -¬ '			1	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip ,	Country 25	Z:p	30 Cou	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Name and Address of Current Registered Agent						10.	Name and Address of New Re	gistered #	gent	
. 1200 SOUTH PINE ISLAND ROAD . PLANTATION FL 33324									Code	
office or re agent. I a	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the of	.0502 and 607.1508, Florida (State of Florida Such change Ibligations of, Section 607.050	Statutes, the at was authorized 05, Florida Stat	oove-i d by t utes.	named corpo he corporati	oration on's bo	submits this statement for the poard of directors. I hereby accept	urpose of It the appo	changing it pintment as	s registered registered
SIGNATURE	Signature, typed or printed name of registerer	d sorul and title if amplicable.	(NOTE: Registered	i Aaent	signature recuire	d when r	einstativo)	DATE		
12. OFFICERS AND DIRECTORS 1							DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE	D	DELET	E 1110	i, F					Change	Addition
NAME	MILLER, THOMAS E		12 NA	ME						
STREET ADDRESS			1.3 S1	REELAI	1 ADDRESS					
CITY-ST-ZIP	EDINA MN 55435			TY-ST-	ZIP					
TITLE	D	DELET	E 2.1 TII	Lŧ					Change	Addition
NAME	MILLER, CRAIG R		2.2 NA	MÉ						
***************************************			2.3 \$1	2.3 STREET ADDRESS						
CITY-ST-ZIP	P EDINA MN 55435		2 4 0	2 4 CHY+S1-7IP						

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing of each of 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 unplial 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 of truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blook 12 or Block 13 J change for J shall provide the same legal effect as if made under oath; that

3 1 TITLE

3.2 NAME

4.1 THLE

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE 6.2 NAME

3.3 STREET ADDRESS

3.4. CITY - \$1 - ZIP

4.3 STREET ADDRESS

5.3 STRFET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CHY-ST-7IP

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