

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90159 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055906

1. Corporation Name
REMBERT FOOD ENTERPRISES, INC.



Principal Place of Business 2018 N.E. 27TH AVENUE GAINESVILLE FL 32609	Mailing Address 2018 N.E. 27TH AVENUE GAINESVILLE FL 32609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10921 NW 14th Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 10921 NW 14th Ave Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 06/25/1997	4. FEI Number 59-3457606 Applied For <input type="checkbox"/> No Applicable
23 Gainesville, FL City & State Zip Country 24 32606 25 USA	28 Gainesville, FL City & State Zip Country 29 32606 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent SAIER, FRANK P ESQ 1330-B NW 6TH STREET- GAINESVILLE FL 32601		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3426 NW 43rd Street, Suite 13
83	
84 City	Gainesville, FL
85 Zip Code	32606

11. Pursuant to the provisions of Sections 607.0505 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 and title if applicable (NONE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, DAVIS M	1.2 NAME	
STREET ADDRESS	2018 N.E. 27TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, JUDITH M	2.2 NAME	
STREET ADDRESS	2018 N.E. 27TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, DAVIS M III	3.2 NAME	
STREET ADDRESS	2018 N.E. 27TH AVENUE	3.3 STREET ADDRESS	10921 NW 14th Ave
CITY-ST-ZIP	GAINESVILLE FL 32609	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Belinda C. Rembert
STREET ADDRESS		4.3 STREET ADDRESS	10921 NW 14th Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *DAVID M. REMBERT, Pres* 04/26/99 (352) 331-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)