

CORPORATION ANNUAL REPORT 1995

Department of Banking
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 11 PM 2:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S01545 (0)
1. Corporation Name
JAY M. REMER ASSOCIATES, INC.

Principal Place of Business Mailing Address
**7040 W. PALMETTO PK RD.
SUITE 308
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/13/1990** 3a. Date of Last Report **02/03/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Zip Country 30 Country

4. FEI Number **65-0219971** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REMER, PATRICIA A.
3793 GOLDENROD RD
SUITE 107
WINTER PK. FL 32792**

10. Name and Address of New Registered Agent
81 Name **REMER, PATRICIA A.**
82 Street Address (P.O. Box Number is Not Acceptable) **850 FAITH STREET**
83
84 City **MAITLAND** 85 Zip Code **FL 32751**

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 *Jay M. Remer* (NOTE: Registered Agent signature required when reinstating) DATE **4-7-95**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D**
NAME **REMER, JAY M.**
STREET ADDRESS **22724 CARAVELLE CIRCLE**
CITY - ST - ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Jay M. Remer* (Signature and Typed or Printed Name of Signing Officer or Director) DATE **4-7-95** EMPLOYER # **467 391-010X**