


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

FILED

Feb 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 # S51642 (4) 1. Corporation Name REMTECH, INC.					
Principal Place of Business 829 CARSWELL AVE HOLLY HILL FL 32117 US			Mailing Address P.O. DRAWER 1231 DAYTONA BEACH FL 32115		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3067259	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent DORAN, THEODORE R. 444 SEABREEZE BLVD. SUITE 800 DAYTONA BEACH FL 32118			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
	DP BARNES, DAVID O.	829 CARSWELL AVE.	HOLLY HILL FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
	ST SHIRLEY BARNES	829 CARSWELL AVE.	HOLLY HILL FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME					
13 STREET ADDRESS					
14 CITY - ST - ZIP					
21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME					
63 STREET ADDRESS					
64 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>Shirley Barnes</i> SEC. 2-12-98 (904) 253-1411					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)