

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S59465** (2)

1. Corporation Name

REMEDIAL TECHNOLOGIES, INC.

Principal Place of Business

**C/O LEE MUNIZZI
207 N. MOSS ROAD, SUITE 201
WINTER SPRINGS FL 32708**

Mailing Address

**C/O LEE MUNIZZI
207 N. MOSS ROAD, SUITE 201
WINTER SPRINGS FL 32708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

12/12/1994

4. FEI Number

59-3190551

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

2. Principal Place of Business

2a. Mailing Address

21

26

125 Excls. or Pkwy

22

Suite, Apt. #, etc

27

Suite, Apt. #, etc

23

City & State

28

Winter Springs, FL

24

Zip

Country

29

Zip

Country

30

32708 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNIZZI, E. LEE
207 N. MOSS ROAD
SUITE 201
WINTER SPRINGS FL 32708**

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

(Signature) (Print or printed name of registered agent and title if applicable)

(Signature) (Print or printed name of registered agent and title if applicable)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS**
NAME **MUNIZZI, SALVATORE**
STREET ADDRESS **207 MOSS ROAD**
CITY, ST, ZIP **WINTER SPRINGS FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE **VT**
NAME **MUNIZZI, E. LEE**
STREET ADDRESS **207 MOSS ROAD**
CITY, ST, ZIP **WINTER SPRINGS FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **MUNIZZI, DANIEL S.**
STREET ADDRESS **207 MOSS ROAD**
CITY, ST, ZIP **WINTER SPRINGS FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/25/95

407-327-2200