

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 063952		FILED 96 SEP -9 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name RE/JM BUILDING & INVESTMENT INC.		3. Date Incorporated or Qualified 07/03/91	
Principal Place of Business 8765 AIRWAY BLVD. NEW PORT RICHEY FL, 34654		3a. Date of Last Report 05/01/95	
Mailing Address P.O. BOX 115, N.P.R., FL-34656-115		4. FEI Number 59-3083049	
2. Principal Place of Business 21 AS ABOVE		Applied For Not Applicable	
2a. Mailing Address 26 P.O. BOX 115,		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional <input type="checkbox"/> Fee Required	
Suite, Apt. #, etc. 27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees	
City & State 28 NEW PORT RICHEY, FL		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29 34656-115	Country 30	8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.		10. Name and Address of New Registered Agent	
SIGNATURE [Signature] 07/08/96		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	NAME ROBERT J. MORRIS	1.1 TITLE	1.2 NAME
STREET ADDRESS P.O. BOX 115	CITY-ST-ZIP 5332 MAIN ST, NEW PORT RICHEY, FL 34656	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 119.07(3)(k), 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] ROBERT E.J. MORRIS		DATE 04/10/96	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 904-683-1137	