CORPORATION		FL	225.00 SORIDA DEPARTME	NT OF STATE	7			
ANNUAL REPOR	l T		Sandra PalMor					
1996	1.]		Secretary of S DIVISION OF CORP					
DOCUMENT # 5/03					1		FI	L.E.D
1. Corporation Name			•	•			1 1	L. L. D
RE/JM BUII	LDING & INV		INC.		1	9	16 SEP -	9 PM 1:01
Principal Place of Bus 3765 AIRW		Mailing Address	<u>~</u>					N AC CTATE
		F.O. BOX	(115)			T.	けんしぶんびこく	AY OF STATE SEE, FLORIDA
NEW PORT I FL, 34654	KICHEI	N.P. R. FL-346	et 116		1 - · · ·			
FL, 34654		PC-396	36-713			orporated or Qualified 7/03/91	3a. Date of	Last Report 5/01/95
2. Principal Place of	Business	2a. Mailing Add			4. FEI Num	 	1 0	
21 AS ABOVI		26 P.O. B				9-3083049	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
Suite, Apt. #, etc.	_	Suite, Apt #	, -		 			\$8.75 Additional
22		27			5. Certifica	te of Status Desired		Fee Required
City & State		City & State)			Campaign Financing		\$5.00 May Be
23		28 NEW PO	ORT RICHE	Y, FL	Trest Fur	nd Contribution		Added to Fees
Zip	Country	Zip	Cour	itry	8. This corp	oration has liability for	intangible tax ı	ınder s. 199.032,
24	25	29 3 4 6 5 6 -		<u> </u>	Florida S		Yes X No	
	e and Address of Cu			4	10. Nam	e and Address of N	lew Registe	red Agent
Re	BERT E	MAR	RYS /	Name Name	-			
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E22	37 11000	V 67	OFFICES			<u> </u>		
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11/00	FUN (KAC	-HE() FL	ンりりりん	64 City			FL *	Zip Code
11. Pursuant to the pr	ovisions of Sections 607.0	502 and 607, 1508, F	11-d- C4-4-3 Ab	<u>l</u>				<u> </u>
office or registers	d sough or had do the St		iori da Statutes, the a	bove-named	corporation au	DMITS THIS STATEMENT TOO		
agent, I am familia	r with, and the of the day	te of Florida, Such of Etion 6	iorida Statutes, the a change was authorize 307.0565. Alorida Stat	bove-named ed by the corp lutes.	corporation au poration's boar	d of directors, I hereby	accept the app	ointment as registered
	with, and the opt was out	te of Florida, Such of translation of	change was authorize 107.05(5, Florida Stat	bove-named ad by the corp lutes.	corporation au poration's boar	bmits this statement for d of directors. I hereby:	1	cointment as registered
agent. I am familia SIGNATURE	MALLEN S		MI)			d of directors. I hereby	7/08	196
SIGNATURE	ighat for typed or prested		M) agent and title if appli	cable (NOTE:	Registered Ag	ent signature required w	7/68	9) 76 DATE
	ighat for typed or prested	gam) of all stores	M) agent and title if appli	cable (NOTE:	Registered Ag		7/68	9) 76 DATE
SIGNATURES	OFFICE PRESIDENT ROBERT J.	MORRIS	agent and title if apple TORS DELETE	icable (NOTE:	Registered Ag	ent signature required w	7/68 Then/einstatif	DIRECTORS IN 12
SIGNATURE S 12. TITLE	PRESIDENT ROBERT J.	MORRIS	AZN ST,	13. 1.1 TITLE 1.2 NAME	Registered Ag	ent signature required w	7/68 Then/einstatif	DIRECTORS IN 12
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