

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095891 (3)
1. Corporation Name
-REMARKETING ASSET CORP. Asset Remarketing Corp.
(Amended Articles were mailed on 4/21/97 to change the name of this corporation to ASSET REMARKETING CORP.)



Principal Place of Business
13660 WRIGHT CIRCLE
TAMPA FL 33626

Mailing Address
13660 WRIGHT CIRCLE
TAMPA FL 33626-3030

3. Date Incorporated or Qualified: 11/20/1996
3a. Date of Last Report: N/A
4. FEI Number: 59-3413552
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
21 13660 Wright Circle
Suite, Apt. #, etc.
22 Tampa, FL
City & State
23 33626-3030 U.S.A.
Zip Country

2a. Mailing Address
26 13660 Wright Circle
Suite, Apt. #, etc.
27 Tampa, FL
City & State
28 33626-3030 U.S.A.
Zip Country

9. Name and Address of Current Registered Agent
SMITH, SMITTY
3802 ENRLICH ROAD
SUITE 210
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code
FL

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLTMAN, STEPHEN T II	1.2 NAME	OLTMAN, STEPHEN T.
STREET ADDRESS	5026 SEMINARY ROAD	1.3 STREET ADDRESS	1573 Locmeade Place
CITY-ST-ZIP	ALTON IL 62002	1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLTMAN, CYNTHIA M II	2.2 NAME	OLTMAN, STEPHEN T.
STREET ADDRESS	5026 SEMINARY ROAD	2.3 STREET ADDRESS	1573 Locmeade Place
CITY-ST-ZIP	ALTON IL 62002	2.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	800002171848--3
STREET ADDRESS		3.3 STREET ADDRESS	-05/08/97--01121--009
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ DATE: 4/22/97 DAYTIME PHONE: (813) 891-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)