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FILED

**Jan 29 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 # P96000095891 (3)

1. Corporation Name
ASSET REMARKETING CORP.



Principal Place of Business

Mailing Address

13660 WRIGHT CIRCLE
TAMPA FL 33626-3030

13660 WRIGHT CIRCLE
TAMPA FL 33626-3030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **3438 EAST LAKE RD**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 14**

27

City & State

City & State

23 **PALM HARBOR**

28

Zip

Country

Zip

Country

24 **34685**

25 **FLORIDA**

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, SMITTY
3902 ENRLICH ROAD
SUITE 210
TAMPA FL 33624**

61 Name

STEVE OLTMAN

62

Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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, 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 DELETE
NAME **P OLTMAN, STEPHEN T**
STREET ADDRESS **1573 LOCKMEADE PLACE**
CITY-ST-ZIP **OLDSMAR FL 34677**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **S OLTMAN, STEPHEN T**
STREET ADDRESS **1573 LOCKMEADE PLACE**
CITY-ST-ZIP **OLDSMAR FL 34677**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *[Signature]*

1/20/98 (813) 771-0191

CR2E034 (10/97)