

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

4-3-96 B-3015-C
(4)

DOCUMENT # K55998
1. Corporation Name
REINCO INC.



Principal Place of Business
~~699 NINTH STREET SOUTH~~
~~SUITE 100~~
NAPLES FL 33940
US

Mailing Address
~~699 NINTH STREET SOUTH~~
~~SUITE 100~~
NAPLES FL 33940
US

2. Principal Place of Business
21 340 Fifth Avenue S.
Suite, Apt. #, etc.
22 Suite 200
City & State
23
Zip Country
24

2a. Mailing Address
26 340 Fifth Avenue S.
Suite, Apt. #, etc.
27 Suite 200
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent

LANZINGER, BARBARA A
~~999 9TH ST., S.~~
~~STE. 103~~
NAPLES FL 33940

3. Date Incorporated or Qualified **01/04/1989** 3a. Date of Last Report **03/22/1995**
4. FEI Number **65-0092457** Applied For Not Applicable
5. Certificate of Status Debared **\$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. 190.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **340 Fifth Avenue S.**
83 **Suite 200**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4), 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 607.01(2), Florida Statutes.

SIGNATURE *Sandra B. Matham*

3/27/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
DP	CHIU, ROBERT C.C.	2560 CHARING RD	COLUMBUS OH	
DP	MEFTAH, MICHAEL	999 9TH ST S STE 103	NAPLES FL	<input type="checkbox"/> DELETE
DEVP	MEFTAH, PATRICIA M.	999 9TH ST S STE 103	NAPLES FL	<input type="checkbox"/> DELETE
ST	LANZINGER, BARBARA A	999 9TH ST S STE 103	NAPLES FL	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		340 Fifth Avenue S., #200		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		340 Fifth Avenue S., #200		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		340 Fifth Avenue S., #200		<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and of the best quality for the exemption stated in Section 119.04(9)(a), 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 resident 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 to this filing.

SIGNATURE: *Michael Mertan*, L. O. 3/27/96 941-434-6446
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Mertan, M.D.

CR2E034 (12/95)