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FILED
Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K55998 (4)
1. Corporation Name
REINCO INC.



Principal Place of Business: 340 FIFTH AVENUE S SUITE 200 NAPLES FL 33940 US
Mailing Address: 340 FIFTH AVENUE S SUITE 200 NAPLES FL 34102-6507 US

3. Date Incorporated or Qualified: 01/04/1989
3a. Date of Last Report: 04/03/1996
4. FEI Number: 65-0092457
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 Suite, Apt #, etc. 22 City & State: Naples, FL 23 Zip: 34102 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
LANZINGER, BARBARA A
340 FIFTH AVENUE S
SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: Naples FL 85 Zip Code: 34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Barbara Lanzinger* DATE: 1/23/97

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHIU, ROBERT C.C.	
STREET ADDRESS	2560 CHARING RD	
CITY - ST - ZIP	COLUMBUS OH	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEFTAH, MICHAEL	
STREET ADDRESS	340 FIFTH AVENUE, S, SUITE 200	
CITY - ST - ZIP	NAPLES FL	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	MEFTAH, PATRICIA M	
STREET ADDRESS	340 FIFTH AVENUE, S SUITE 200	
CITY - ST - ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANZINGER, BARBARA A	
STREET ADDRESS	340 FIFTH AVENUE S, SUITE 200	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Barbara Lanzinger* DATE: 1/23/97 DAYTIME PHONE #: 941 434 6446

CR2E034 (9/96)