

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

FILED
Jan 28 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 33940 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 3540 Gin Lane | 2a. Mailing Address 26 3540 Gin Lane |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Naples, FL | City & State 28 Naples, FL |
| Zip 24 34102 | Country 25 Collier |
| Zip 29 34102 | Country 30 Collier |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 01/04/1989 | |
| 4. FEI Number 65-0092457 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 |
| 85 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]* DATE **1/19/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | DV <input checked="" type="checkbox"/> DELETE |
| NAME | CHIU, ROBERT G.C. |
| STREET ADDRESS | 2500 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 | DVP <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 | DVP <input checked="" 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 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] Michael Meftah, M.D. 1/16/98

CR2E034 (10/97)