

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90042 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K55998

1. Corporation Name
REINCO INC.

Principal Place of Business Mailing Address
~~3540 GIN LANE~~ ~~3540 GIN LANE~~
~~SUITE 200~~ ~~SUITE 200~~
~~NAPLES FL 34102~~ ~~NAPLES FL 34102~~
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 340 Fifth Avenue S. 26 340 Fifth Avenue S.
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 Suite 200 Suite 200
 23 City & State 28 City & State
 Naples, FL Naples, FL
 24 Zip 25 Country 29 Zip 30 Country
 34102 Collier 34102 Collier

3. Date Incorporated or Qualified
01/04/1989

4. FEI Number Applied For
65-0092457 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 **FL** 85 Zip Code **34102**

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 *Barbara Lanzinger* 1/6/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34102
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34102
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34102
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Meftah* Michael Meftah, M.D. 1/6/99 941-434-6446
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)