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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  
SUITE 200  
NAPLES FL 34102  
US

3540 GIN LANE  
SUITE 200  
NAPLES FL 34102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1989

4. FEI Number

65-0092457

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 340 Fifth Avenue S.

26 340 Fifth Avenue S.

22 Suite, Apt. #, etc.  
Suite 200

27 Suite, Apt. #, etc.  
Suite 200

23 City & State  
Naples, FL

28 City & State  
Naples, FL

24 Zip Country  
34102 Collier

29 Zip Country  
34102 Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANZINGER, BARBARA A  
340 FIFTH AVENUE S  
SUITE 200  
NAPLES FL-33940

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.

1/6/99

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 DP  
STREET ADDRESS MEFTAH, MICHAEL  
CITY-ST-ZIP 340 FIFTH AVENUE, S, SUITE 200  
NAPLES FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 34102

TITLE  DELETE  
NAME DVP  
STREET ADDRESS MEFTAH, PATRICIA M  
CITY-ST-ZIP 340 FIFTH AVENUE, S SUITE 200  
NAPLES FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 34102

TITLE  DELETE  
NAME ST  
STREET ADDRESS LANZINGER, BARBARA A  
CITY-ST-ZIP 340 FIFTH AVENUE S, SUITE 200  
NAPLES FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 34102

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

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)