

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000046905
1. Corporation Name REGANDSIS HOLDINGS INC

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/97	
21 7777 GLADES Rd	26 7777 GLADES Rd	4. FEI Number 65-0827283		Applied For Not Applicable	
22 #211	27 211	5. Certificate of Status Desired		8.75 Additional Fee Required	
23 BOCA RATON FL	28 BOCA RATON FL	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 33434	29 33434	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent L LAURENCE RUTSTEIN 7777 GLADES RD 211 BOCA RATON FL 33434		10. Name and Address of New Registered Agent L LAURENCE RUTSTEIN 7777 GLADES RD 211 BOCA RATON FL 33434	
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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 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DELETE ☐	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	Change ☐ Addition ☐

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: *[Signature]* DATE: 4/30/98