

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 21 1996 8:00 am**  
Secretary of State

**DOCUMENT # P95000055743 (5)**

1. Corporation Name  
**R.E.I.M. AT LAKE FAIRVIEW, INC.**



Principal Place of Business: **1101 N. LAKE DESTINY DRIVE SUITE 400 MAITLAND FL 32751**  
Mailing Address: **1101 N. LAKE DESTINY DRIVE SUITE 400 MAITLAND FL 32751**

3. Date Incorporated or Qualified: **07/19/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21 101 WYMORE ROAD**  
Suite, Apt. #, etc.: **22 SUITE 500**  
City & State: **23 ALTAMONTE SPRINGS, FL**  
Zip: **24 32714** Country: **25 USA**  
Mailing Address: **26 101 WYMORE ROAD**  
Suite, Apt. #, etc.: **27 SUITE 500**  
City & State: **28 ALTAMONTE SPRINGS, FL**  
Zip: **29 32714** Country: **30 USA**

4. FEI Number  Applied For  
Not Applicable  
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

9. Name and Address of Current Registered Agent  
**DELGUIDICE, FRED**  
**1101 N. LAKE DESTINY DRIVE**  
**SUITE 400**  
**MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
81 Name: **SAM MAJZOUB**  
82 Street Address (P.O. Box Number is Not Acceptable): **101 WYMORE ROAD, SUITE 500**  
83  
84 City: **ALTAMONTE SPRINGS FL** 85 Zip Code: **32714**

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: **SAM MAJZOUB, PRESIDENT** (NOTE: Registered Agent signature required when reinstating)  
DATE: **March 5, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DELGUIDICE, FRED</b>	1.2 NAME	
STREET ADDRESS	<b>1101 N. LAKE DESTINY DR. SUITE 400</b>	1.3 STREET ADDRESS	<b>101 WYMORE ROAD, SUITE 500</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	1.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>P, D SAM MAJZOUB</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>101 WYMORE ROAD, SUITE 500</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>600001753776</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-03/22/96--01014--002</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***208.75</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>M.M.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3-21-96</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Fred Delguidice** March 5, 1996 (407) 774-0707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)