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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000088175**1. Corporation Name

REPRIE FAMILY CORP

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90079 043 ***150.00

DEFINE	MAILL COM.									
Principal Place	e of Business	Mailing Addres	ss				2 that that the three actes where			
14745 DRAFT HORSE LANE WEST PALM BEACH FL 33414			14745 DRAFT HORSE LANE WEST PALM BEACH FL 33414			DO NOT W	/RITE IN THIS	S SPACE		
							3. Date Incorporated or Qualif			
2. Principal Pl	lace of Business	2a. Mailing Add	dress				4. FEI Number	,	_ ^	pplied For
21		26					65-0708657			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desired	ı. 🗆 ·		Additional Required
City & State	e	City & Stat	e				6. Election Campaign Financia	ng .	\$5.00	May Be
23		28				_	Trust Fund Contribution .	٠ با	Added	to Fees
Zip	Country	Zip		Cour	ntry		8. This corporation owes the o	current year In	ıtangible	_ 1
24	25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Agent	1				10. Name and Address of Ne	w Registered	Agent	
					81	Name	•			}
	RIE, MURRAY L 15 DRAFT HORSE LANE				82	Street Add	dress (P.O. Box Number is Not Acco	eptable)		
WES	ST PALM BEACH FL 33414				83		-			
				{	84	City			85 Zip	Code
					•	Oity		Fl	_ ` `	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Flo	orida Statute	es, the at	ove-	named corp	poration submits this statement for	the purpose o	introopt ac	enictored
office or re agent, I a	egistered agent, or both, in the S im familiar with, and accept the ob	tate of Florida, Such cha oligations of, Section 607	ange was a 7.0505, Flo	uthorized rida Statu	by tr ites.	ne corporati	ion's board of directors. Thereby ac	the purpose of cept the appointment	ointment as	egistered
office or nagent, I as	egistered agent, or both, in the S rn familiar with, and accept the of Signature, typed or printed name of registered	tate of Florida. Such cha oligations of, Section 60 d agent and title if applicable.	ange was a 7.0505, Flo	uthorized rida Statu Registered	by tr ites.	ne corporati	ed when reinstating)	DATE		egistered .
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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 a attachment with an address, with all other like empowered.