

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Matthews
Treasurer of State
Tallahassee, FL 32399-0470

APPROVED
AND
FILED

95 MAY -1 PM 3:24

DOCUMENT # 523291

(3)

1. Corporation Name:

REINMAN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

1923 N.E. 150TH STREET
NORTH MIAMI FL 33181

Mailing Address:

1923 N.E. 150TH STREET
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification	3a. Date of Last Report
01/25/1977	05/01/1994
4. FEI Number	Applied For
59-1715333	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 § 1184 (3)(c), Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business:	2a. Mailing Address:
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
REINMAN, V. BRICE 1923 NE 150 ST. MIAMI FL 33181	<table border="1"> <tr> <td>B1. Name</td> <td></td> </tr> <tr> <td>B2. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3. City & State</td> <td></td> </tr> <tr> <td>B4. City</td> <td>FL</td> </tr> <tr> <td>B5. Zip Code</td> <td></td> </tr> </table>	B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)		B3. City & State		B4. City	FL	B5. Zip Code	
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B4. City	FL										
B5. Zip Code											

11. Pursuant to the provisions of Sections 607.06(2) 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 Sections 607.06(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																		
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1184(3)(b), 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 person or persons empowered to execute this report as required by Chapter 1807, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

V. Brice Reinman
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
V. BRICE REINMAN

4/25/95 305-947-5692
Date Telephone Number