


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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 523291 (3)					
1. Corporation Name REINMAN, INC.					

Principal Place of Business 1923 N.E. 150TH STREET NORTH MIAMI FL 33181	Mailing Address 1923 N.E. 150TH STREET NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/25/1977		4. FEI Number 59-1715333		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent REINMAN, V. BRICE 1923 NE 150 ST. MIAMI FL 33181				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	1.1 TITLE	Change	Addition	
NAME	REINMAN, V. BRICE		1.2 NAME	1.2 NAME			
STREET ADDRESS	2421 NE 187TH STREET		1.3 STREET ADDRESS	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE	2.1 TITLE	Change	Addition	
NAME	REINMAN, KATHLEEN F.		2.2 NAME	2.2 NAME			
STREET ADDRESS	2421 NE 187TH STREET		2.3 STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP			
TITLE	V	DELETE	3.1 TITLE	3.1 TITLE	Change	Addition	
NAME	REINMAN, MICHAEL J.		3.2 NAME	3.2 NAME			
STREET ADDRESS	9540 SW 7TH ST.		3.3 STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP			
TITLE	V	DELETE	4.1 TITLE	4.1 TITLE	Change	Addition	
NAME	REINMAN, DANIEL J.		4.2 NAME	4.2 NAME			
STREET ADDRESS	1131 NORTH 70 TERRACE		4.3 STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	5.1 TITLE	Change	Addition	
NAME			5.2 NAME	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	6.1 TITLE	Change	Addition	
NAME			6.2 NAME	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	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 on an attachment with an address.

SIGNATURE: V. BRICE REINMAN - V. Brice Reinman 5/21/98 305-947-5692

CR2E034 (10/97)