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

29

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90199 030 \*\*\*150.00

| DOCUMENT          | # | 534265 |
|-------------------|---|--------|
| 4 One coston Name |   | JUTZUJ |

REGUS, INC.

Zip

24

|   | Mailin Address                        |   |                                    |
|---|---------------------------------------|---|------------------------------------|
| Principal Place of Business 4513 WATROUS AVE. | Mailing Address 4513 WATROUS AVE.     |   |                                    |
| P.O. BOX 10478                                | P.O. BOX 10478<br>TAMPA FL 33679-7478 | DO NOT WRITE IN THIS SPACE                  | ·                                  |
|   |                                       | 3. Date Incorporated or Qualifed 05/23/1977 |                                    |
| 2. Principal Place of Business                | 2a. Mailing Address                   | 4. FEI Number                               | Applied For                        |
| 21  | 26                                    | 59-1784665                                  | Not Applical                       |
| Suite, Apt. #, etc.                           | Suite, Apt, #, etc.                   | 5 Cortificate of Status Desired   \$8.7     | <b>75</b> Additional<br>e Required |
| City & State                                  | City & State                          | 6. Election Campaign Financing \$5.         | 00 May Be                          |

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GOERLICH, RICHARD E. JR. 4513 WATROUS AVE. **TAMPA FL 33629** 

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Country

9. Name and Address of Current Registered Agent

|             | Trust Fund Contribution Added to Fees                                       |
|-------------|---|
| Country     | 8. This corporation owes the current year Intangible Personal Property Tax. |
| $\neg \top$ | 10. Name and Address of New Registered Agent                                |
| 81          | Name  |
| 82          | Street Address (P.O. Box Number is Not Acceptable)                          |
| 83          |   |
| 84          | City 85 Zip Code  |

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, typed or printed name of registered agent and title if applicable. (NOTE: F | Registered Agent signature require | ed when reinstating) DATE                         |
|----------------|--|------------------------------------|---|
| 12.            | OFFICERS AND DIRECTORS   | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | PD □ DELETE  | 1.1 TITLE                          | ☐ Change ☐ Addi                                   |
| NAME           | GOERLICH, RICHARD E JR   | 1.2 NAME                           |   |
| STREET ADDRESS | 4513 WATROUS AVE.  | 1.3 STREET ADDRESS                 |   |
| CITY-ST-ZIP    | TAMPA FL   | 1.4 CITY+ST-ZIP                    |   |
| TITLE          | DELETE   | 2.1 TITLE                          | ☐ Change ☐ Addi                                   |
| NAME           |  | 2.2 NAME                           |   |
| STREET ADDRESS |  | 2.3 STREET ADORESS                 |   |
| CITY-ST-ZIP    |  | 2. 4 CITY-ST-ZIP                   |   |
| TITLE          | ☐ DELETE   | 3.1 TITLE                          | Change Addi                                       |
| NAME           |  | 3.2 NAME                           |   |
| STREET ADDRESS |  | 3.3 STREET ADDRESS                 |   |
| CITY-ST-ZIP    |  | 3.4. CITY-ST-ZIP                   |   |
| TITLE          | ☐ DELETE   | 4.1 TITLE                          | ☐ Change ☐ Add                                    |
| NAME           |  | 4. 2 NAME                          |   |
| STREET ADDRESS |  | 4.3 STREET ADDRESS                 |   |
| CITY-\$T-ZIP   |  | 4.4 CITY-ST-ZIP                    |   |
| TITLE          | ☐ DELETE   | 5.1 TITLE                          | ☐ Change ☐ Addi                                   |
| NAME           |  | 5.2 NAME                           |   |
| STREET ADDRESS |  | 5.3 STREET ADDRESS                 |   |
| CITY-ST-ZIP    |  | 5.4 CITY-ST-ZIP                    |   |
| TITLE          | ☐ DELETE   | 6.1 TITLE                          | ☐ Change ☐ Addi                                   |
| NAME           |  | 6.2 NAME                           |   |
| STREET ADDRESS |  | 6.3 STREET ADDRESS                 |   |
| 1 1000         | ± .  | SACITY OF 71D                      |   |

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, with all other like empowered.

SIGNATURE:

28 April 1999 (813) 286-1324

CR2E034 (11/98)

For licable