

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 637506 (7)

1. Corporation Name  
RE GO, INC.



Principal Place of Business  
777 S. FLAGLER DR. STE 1101  
WEST PALM BEACH FL 33401

Mailing Address  
777 S. FLAGLER DR. STE 1101  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified 09/26/1979  
3a. Date of Last Report 04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACHOVE, CRAIG  
C/O THE GOODMAN COMPANY  
W. PALM BCH. FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, type or printed name of registered agent and then applicable

Date Registered Agent's signature required when filing this report

Date

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME GOODMAN, MURRAY H  
STREET ADDRESS 777 S. FLAGLER DR. #1101  
CITY-ST-ZIP WEST PALM BEACH, F 00000

☐ DELETE

TITLE VS  
NAME GEIST, MINNIE S  
STREET ADDRESS 777 S. FLAGLER DR. #1101  
CITY-ST-ZIP WEST PALM BEACH, F 00000

☐ DELETE

TITLE VS  
NAME HUDON, DORANNE M.  
STREET ADDRESS 777 S. FLAGLER DR. #1101  
CITY-ST-ZIP WEST PALM BEACH, F 00000

☐ DELETE

TITLE V  
NAME BACHOVE, CRAIG M.  
STREET ADDRESS 777 S. FLAGLER DR. #1101  
CITY-ST-ZIP WEST PALM BEACH, F

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig M. Bachove

4/11/96

(407) 833-3777

Daytime Phone #

CR2E034 (12/95)