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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F21634 1. Corporation Name

REIMER	EMPLOYMENT AGENCY,	INC.					
Principal Place	e of Business	Mailing Address			I (48)108 (118 (1901 1819 B1129 1111)	Billt diffti Billi Billit Gillit Gillis Bi	
•		249 PERUVIAN AVENUE	RUVIAN AVENUE				
E-10 1 E110 11 11 1 1 1 E 1 1 E 1		PALM BEACH FL 33480			DO NOT WITH	E IN THIS SPACE	
					Do NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE	
	· · · · · · · · · · · · · · · · · · ·	a AA-III A-Iduana			03/02/1981 4. FEI Number	Anr	plied For
		H *	<u> </u>		59-2063400	 	t Applicable
		Suite, Apt. #, etc.			39-2003400	\$8.75 A	
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing	□ \$5.00 l	
23		28			Trust Fund Contribution	Added to	5 Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curren		□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Re		
	9. Name and Address of Curr	rent Registered Agent	9	1 Name	10. Name and Address of New No	gistered rigent	
CDAI	EEMON TOAMEV I			Name			
SPAFFORD, TRACEY L. 249 PERUVAN AVE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	le)		
PALM BEACH FL 33480				13	7 2 3 4 6 6 6	THE GREAT LINE CO.	in the same
FALI	M BEACH I E 35400	•		·3			
			8	4 City	The reserve and the first service and the serv	85 Zip C	Code ``
A 1 4 1		500 1007 4500 Ft	tee the obe	us samed som	poration submits this statement for the pr	urnose of changing its	registered
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change was a igations of, Section 607.0505, Florida.	authorized b orida Statute	by the corporations.	poration submits this statement for the prior's board of directors. I hereby accept	the appointment as reg	gistered
SIGNATURE						DATE	
	Signature, typed or printed name of registered		E: Registered Ag	gent signature require	ADDITIONS/CHANGES TO OFFI		RS IN 12
12.		AND DIRECTORS	1.1 TITU			☐ Change	Addition
TITLE	P CLEASON E	_ Section		- }			
NAME	FRYE, GLEASON F			F)			ţ
STREET ADDRESS			1.2 NAM		No. of Park		
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	ST	☐ DELETE	1.3 STRE 1.4 CITY 2.1 TITLE	EET ADDRESS -ST-ZIP	N 8159	☐ Change	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Gleason Frye, President

1-21-99

203-869-7722

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90021 005 ***150.00

Daytime Phone #