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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F44934

(0)

R.E.I. MANAGEMENT COMPANY, INC.

Principal Place of Business			Mailing Address						-{	i giq il elb il q fbi	
3250 MARY STREET SUITE 306 MIAMI FL 33133		3250 MARY STREET SUITE 306 MIAMI FL 33133							DO NOT WRITE IN THIS	SPACE	
MINUM FE 33133		MIRMI FL 33133							3. Date Incorporated or Qualified		
									09/17/1981		
2. Principal F	Place of Business	2a	. Mailing	Address	·				4. FEI Number	Ar	oplied For
์ สั			26						59-2230094	⊢	ot Applicable
Suite, Apt.	#, etc.	1=51	Suite,	Apt. #, etc.				-			Additional
2		27							5. Certificate of Status Desired	•	equired
City & Stat	le .	1-1	City &	State					6. Election Campaign Financing	\$5.00	May Be
13		28							Trust Fund Contribution	• • •	to Fees
Zip	Country		Zip		С	ountry			8. This corporation owes or has paid the cu	rrent year Int	angible
4	25	29			30				Personal Property Tax due June 30.	☐ Yes 🕽	X No
	g, Name and Address of Current	Regis	stered A	gent					10. Name and Address of New Registered	Agent	
MC	CGRATH, GREGORY					81	Name	3			
	050 US HIGHWAY 19 N 301					82	Stree	Addre	ess (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34621								irot Addiosa (r.o. pox Harriber is Not Addeptable)			
						83					
						84	City			lee Z.n.	Code
						64	City		FL	85 Zip (Code
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	of Flori tions o	da. Suct f, Sectio	h change was on 607.0505, Fl	authoriz orida S	red by tatutes	the co s.	rporatio	pration submits this statement for the purpose on s board of directors. I hereby accept the app	changing it pointment as	s registered registered
	Signature, typed or printed name of registered agen			ile (NO1		····	nt signatu	re required	d when reinstating) DATE		
12.	OFFICERS AND	DIRE	CTORS	DELETE	13			т	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	
TITLE				C) DECENE		TITLE				Change	☐ Addition
NAME	MCGRATH, GREGORY 7785 COOPER RD. 7836	(Yr	ma	DUAO		NAME					
STREET ADDRESS		w	yur	PONO			ADDRESS	1			;
CITY-ST-ZIP	CINCINNATTI OH 45242			DELETE		CITY-S	T-ZIP	 -		Change	Addition
TITLE						TITLE				L.J Change	L' Abdition
NAME						NAME					
STREET ADDRESS	,				•		ADDRESS				J
CITY-ST-ZIP				DELETE		1 CITY - S	ST - ZIP	 		Change	Addition
TITLE				☐ bereie		TITLE				☐ custoffs	LI Addition
NAME						NAME					
STREET ADDRESS							ADDRESS	1			
CITY-ST-ZIP				DELETE	_	CITY-S	si - ZIP	+		Change	Addition
TITLE				L. DELETE		TITLE					L ADDITION
NAME						NAME					
STREET ADDRESS							ADORESS -	1			
City.St. 7iP					4 4 4	CITY-S	1 - 7IP	1			- 1

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 supplementary 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 requiver 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 fifth an address.

5.1 TITLE

61 TITLE

62 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

Daytime Phone # 0186778

Change

☐ Change ☐ Addition

FILED

May 15 1998 8:00am

Secretary of State

Addition