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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F96000004887 (3)**

1. Corporation Name
RER COLLECTIONS, INC.

Principal Place of Business

**950 HERNDON PARKWAY
SUITE 200
HERNDON VA 20170**

Mailing Address

**950 HERNDON PARKWAY
SUITE 200
HERNDON VA 20170-5531**



3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

52-1856944

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HOLLOWELL, RICHARD
927 CLINT MOORE ROAD
BOCA RATON FL 33487**

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

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 for it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P HOLLOWELL, RICHARD K**
STREET ADDRESS **927 CLINT MOORE ROAD**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **D KALLIVOKAS, CHRISTOPHER**
STREET ADDRESS **950 HERNDON PKWY, STE 200**
CITY - ST - ZIP **HERNDON VA**

TITLE ☐ DELETE
NAME **S KALLIVOKAS, SCOTT**
STREET ADDRESS **950 HERNDON PKWY, STE 200**
CITY - ST - ZIP **HERNDON VA**

TITLE ☒ DELETE
NAME **V OSBORNE, ANDREW J**
STREET ADDRESS **800 W AIRPORT FREEWAY, STE 1100**
CITY - ST - ZIP **IRVING TX**

TITLE ☐ DELETE
NAME **V GOODRUM, JOHN D**
STREET ADDRESS **927 CLINT MOORE ROAD**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

CHRISTOPHER KALLIVOKAS

CHRISTOPHER KALLIVOKAS

4/1/97

Date

703/742-6789

Daytime Phone: #

R2E034 (9/96)