**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000004834

1. Corporation Name

REEVES ENTERPRISES OF NY, INCORPORATED

Principal Place of Business

Mailing Address

3228 BRISTOL RD. APT. 229

3228 BRISTOL RD. APT. 229

## **FILED** Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90102 036 \*\*\*150.00



BENSALEM PA	19020	BENSALEM PA 19020			DO	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or	Qualifed			
						08/25/1998				}
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1,1,	T	Арр	lied For
	AWSON RD.	26 78 Daw	sch Rd	}		14-1790835			Not	Applicable
Suite, Apt.		Suite, Apt. #, etc	c.	-			hald.	\$8.	.75 Ac	ditional
	HORNE	27				5. Certifcate of Status I	esireo Kark	F	ee Req	uired
City & Stat	6 HDRIVE	City.& State				€ 56 Election:Campaign:F	inancing =====	<b>\$</b> 5	5:00:N	lay.Be
23 PA		28 Langhor	ne, P	A		Trust Fund Contribut	ion	A	dded to	Fees
7in	Country	Zip		Country		8. This corporation owe	s the current yea	ır Intangible		
24	19047 25 (19A	29 19047	30	USF	<del>P</del>	Personal Property Ta	x.	☐ Ye	s 🕻	No
, ,	9. Name and Address of Current	Registered Agent				10. Name and Address	of New Registe	red Agent		
	CO ELABOR			81	Name					
	VES, ELAINE			82	Street A	ddress (P.O. Box Number is N	ot Acceptable)			
	CONWAY BLVD.									
POR	T CHARLOTTE FL 33952			83						
				84	City			85	Zip C	nde
	•			04	City			FL 🐃	Z.p 0.	
										1 44
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida	Statutes, the	above-	-named c	corporation submits this statement	ent for the purpos	e of changi	ing its r	egistered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida, Such change :	was authoriz	zed by ti	-named control	corporation submits this statement ration's board of directors. I her	ent for the purpose by accept the a	e of changi ppointment	ing its r as regi	egistered istered
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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 an other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition