FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G80741** **(3)**

1. Corporation Name
REI ADVISORS, INC.

Principal Place of Business	Mailing Address
3250 MARY ST. SUITE 306 MIAMI FL 33133	3250 MARY ST. SUITE 306 MIAMI FL 33133

3. Date Incorporated or Qualified: **12/15/1983**
3a. Date of Last Report: **09/21/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2393732** ☐ 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

~~STEINFURTH, PAUL C.~~
~~3250 MARY ST.~~
~~SUITE 306~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name: Gregory K. McGrath
82 Street Address (P.O. Box Number is Not Acceptable): 23050 US Highway 19 N 301
83:
84 City: Clearwater FL 85 Zip Code: 3462[illegible]

11. Pursuant to the provisions of Section 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: Gregory K McGrath Gregory K McGrath 4-29-96
(If new Registered Agent Signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☒ DELETE	11 TITLE	PST	☒ Change ☐ Addition
NAME	~~STEINFURTH, PAUL C.~~		12 NAME	Gregory K McGrath	
STREET ADDRESS	3250 MARY ST. #306		13 STREET ADDRESS	2795 Cooper Ridge	
CITY-ST-ZIP	~~MIAMI FL~~		14 CITY-ST-ZIP	Cincinnati, Ohio 45248	
TITLE	D	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	~~STEINFURTH, PAUL C.~~		22 NAME		
STREET ADDRESS	~~3250 MARY ST. #306~~		23 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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5/11/96

CRPE034 (12/95)

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: Gregory K McGrath Gregory K McGrath 4-29-96 800 553 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number