## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # H09026

1. Corporation Name

(6)

REX-MCGILL	DEVE	ODMENT		MOITA
HI-X-MIXIII L	DEVEL	UPMENI	LUHPUR	IAHUN

		,				<u>-</u>			
Principal Place	of Business	Mailing Address							, 0,0,, 0,0,, ,00,
% CHARLES	W. REX. JA.	% CHARLES W. REX	(. JR.						
	COLONIAL DRIVE	1501 WEST COLONIA							
ORLANDO F	L 32804	ORLANDO FL 32904				3. Date Incorporated or Qualified	3a. Date of t		
						06/20/1984	04/2	21/19	95
2. Principal Pia	ce of Business	2a. Maining Address				4, FEI Number		h	Applied For
21		26				59-2435531			Not Applicable
Suite, Apt. #	, etc.	Suite Apt. #, etc				5. Certificate of Status Desired	<b>\$</b>		Additional
22		27				1			Required
City & State		h	City & State		6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to Fi				
<b>23</b> Zip	Country	<b>28</b> Zip	Cour	ıtrv		8. This corporation has liability for i			
24	25	29	30	,		Florida Statutes  Yes		1001 0	, , , , , , , , , , , , , , , , , , , ,
	g. Name and Address of Currer					10. Name and Address of New R	egistered Age	nt	
				81 [	Name				, , , , , , , , , , , , , , , , , , , ,
REX. C	HARLES W. JR.		}	82 8	Stroot Arldre	ess (P.O. Box Number is Not Acceptab	lei		
	ESTT COLONIAL DRIVE			۱ ات	Direct Addit	533 (			
	DO FL 32804			83					
				84	Orty		8	<b>5</b> Zıç	Code
					•	ation submits this statement for the pur	FL		ļ
familiar wit	ad agent, or both, in the State of Flori h, and accept the obligations of Sect Signature, typed or professional of the states from	tion 607.0505, Florida Statute	·S			d of directors. I hereby accept the applications when resistance	DATE		agent. Fam
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	P	☐ DELETE	1 1 Ti					hange	☐ Addition
NAME	REX, CHARLES W., JR.		1 2 N.A						1
STREET ADDRESS	1501 W COLONIAL DR			HELT AL	1				I
CITY-ST-ZIP	ORLANDO FL	DELETE	2 1 To	1 <u>Y - S1 -</u>	ZIP			hange	Add tion
TITLE	REX, SAMUELINE S.	[] becore	2 2 NA					ina ige	
NAME PERSONAL ADDRESSES	1501 W COLONIAL DR			HEFT AC	206485				
STREET ADORESS	ORLANDO FL			ir-si					
CITY - ST - ZIP TITLE	OID/IIO I E	[] DELETE	3 1 7		2"			hange	Addition
NAME		_	3 2 N/	AME					
STREET ADDRESS			3 3 S	TREST A	DDRESS				
CHY-ST ZIP			3.4 CI	Tr-ST.	ZIP				
TriLE		☐ DELETE	4 1 T	II.E				Change	Addition
NAME			4.2 N	4Mt					
STREET ADDRESS			4.3.S	BEET A	DORESS				
CITY - ST - ZIP				1:-\$1-	ZiP				
TITLE		DELETE	5 I T				Lυ	Change	Addition
NAME			5.2 N						
STREET ADDRESS			R R		DORESS				
CITY-SI-Z-P		E3 by ere		117-51	7.P			hacas	Addition
THUE		☐ DELETE	6 1 1				L) (	Change	Addition
NAME			62 N						
STREET ADDRESS					CORESS				
CITY - ST - ZIP	1		640	ITY-SI-	- ZIP				

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 supplementar 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 charged, or on an attachment with an address.

SIGNATURE:

SUM UNE ANOTYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 (40) 843-8040

R2E034 (12/95)