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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H88872



DOCUMENT #
1. Corporation Name SY REESE CORP.

 	41411 A.411 A1011 B1011 A1011 A1011	•

Principal Place of Business 721 U.S. HIGHWAY ONE SUITE #209 N. PALM BEACH FL 33408		Mailing Address 721 U.S. HIGHWAY ONE SUITE #209 N. PALM BEACH FL 33408						
				3. Date Incorporated or Qualified 12/09/1985 3a. Date of Last Report 05/01/1995				
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0022239			Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.		,	5. Certificate of Status Desired			Additional Required
Oity & State		City & State			6. Election Campaign Financing Trust Fund Contribution	, D		O May Be d to Fees
Ζ _I ρ 24	Country 25	7ιρ 29	Cour	ılry		Yes 🗌 No		199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered /	Igent	
			ļ	81 Name				
REESE,	SY		}	82 Street Add	iress (P.O. Box Number is Not Accep	otable)		
	HIGHWAY ONE			50017100				
SUITE #			 	83				
N. PALM	BEACH FL 33408		-	94 014			05 7	p Code
			ļ	84 City	•	FL	85 Zi	,, 0000
SIGNATURE 12. THE	Superformed named registered agree a OFFICERS AND		13.	Agent signature restar	ed when reinstalling: ADDITIONS/CHANGES TO 0		DIRECTO	DRS IN 12
NAME	REESE, SY		1.2 NA	ME .				
STREET ADDRESS	721 U.S. HIGHWAY ONE#209		1.3 \$7	REET ADDRESS				
CITY-S1-ZIP	n. Palm Beach Fl		140	IY-ST-Z-P				
TITLE	VD	DELF1E	2 1 Ti	TLE			Change	no fibbA 🔲
NAME	reese, alan		2 2 NA	ME				
STREET ADDRESS	721 U.S. HIGHWAY ONE, #20	9	2351	REET ADDRESS				
CITY - ST - ZIP	NORTH PALM BEACH FL		2 4 CI	TY+ST-ZIP				
TITLE		☐ DELETE	3 1 11	TLE.		£	Change	Add-tion
NAME			3 2 NA	ME				
STREET ADDRESS			33 S	REET ADDRESS				
CITY-ST-ZIP			3 4 01	TY - ST - 216:			T Change	Addition
		——————————————————————————————————————					Change	☐ Addition
TITLE		DELETE	4 1 Ti			L		
TITLE NAME		[] DELEJ E	4.2 N/	SME		L		
NAME STHEET ADDRESS		ĎELEJ E	4 2 N/ 4 3 SI	ME REET ADDRESS		L		
NAME STHEET ADDRESS CHTY-ST-ZIP		_	4 2 N/ 4 3 SI 4 4 CI	ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE		☐ DECETE	4 2 N/ 4 3 St 4 4 Ct	REET ADDRESS TY-ST-ZIP TILE			Change	☐ Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME		_	42 N/ 43 St 44 Ct 5 1 Tt 52 N/	ME HEET ADDRESS TY-ST-ZIP J'LE MG			Change	Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	42 N/ 43 SI 44 CI 5 1 TI 52 N/ 53 SI	ME HEET ADDRESS TY-ST-7:P THE AMC			Change	Addition
NAME STHEET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP		DELETE	42 N/ 43 SF 44 CF 5 1 TF 52 N/ 53 SF 54 CF	ME HEET ADDRESS IY-ST-ZIP THE MMC THEET ADDRESS IY-ST ZIP		[
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NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	42 N/ 43 SI 44 CI 5 1 TI 52 N/ 53 SI 54 CI 6 1 TI 62 N/	ME HEET ADDRESS TY-ST-Z-P JULE AMC THEET ADDRESS TY-ST-ZIP JULE AMC	·	[
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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 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

Sy Reese SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/18/96

407 842-7226

Daldine Phone #

CR2E034 (12/95)