

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 04 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 # J35497 (3)**  
 1. Corporation Name  
**REL ENTERPRISES, INC.**



Principal Place of Business  
**2915 S FEDERAL HWY D-2 DELRAY BEACH FL 33483 US**

Mailing Address  
**2915 S FEDERAL HWY D-2 DELRAY BEACH FL 33483-3217 US**

3. Date Incorporated or Qualified **09/29/1986** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-2726716** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**MOMBACH, GEOFFREY S.**  
**500 E BROWARD BLVD., SUITE 1950**  
**FT. LAUDERDALE FL 33394-3079**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, ROBERT E.	1.2 NAME	
STREET ADDRESS	1356 N.W. 2ND AVE.	1.3 STREET ADDRESS	2915 S. FEDERAL HWY D-2
CITY- ST- ZIP	BOCA RATON FL	1.4 CITY-ST- ZIP	DELRAY BEACH, FL 33483
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, PHYLLIS G.	2.2 NAME	
STREET ADDRESS	1356 N.W. 2ND AVE.	2.3 STREET ADDRESS	2915 S. FEDERAL HWY D-2
CITY- ST- ZIP	BOCA RATON FL	2.4 CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	OAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERANUS, LEONARD S.	3.2 NAME	
STREET ADDRESS	312 WALNUT ST #1400	3.3 STREET ADDRESS	
CITY- ST- ZIP	CINCINNATI OH	3.4 CITY- ST- ZIP	
TITLE	PAS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, JON R	4.2 NAME	
STREET ADDRESS	1356 NW 2ND AVE.	4.3 STREET ADDRESS	2915 S. FEDERAL HWY D-2
CITY- ST- ZIP	BOCA RATON FL	4.4 CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:** *[Signature]* **JON R. LEVINSON** 4/1/97 561-243-2690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)