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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44170

1. Corporation Name

REUNION CELEBRATIONS, INC.

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90013 043 ***150.00



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3434 W COLUMBUS #108 3434 W COLUMBUS #1		3					
POST OFFICE BOX 21127	POST OFFICE BOX 21127				•		
PA FL 33622-8127 TAMPA FL 33622-8127 US				DO NOT WRITE IN THIS SPACE			
***************************************				3. Date Incorporated or Qualifed			
00 ,				11/05/1006			
	T = 11 % 11 11			11/25/1986	l Am	ulad Car	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		olied For	
21	26			59-2738301	Not	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			_	\$8.75 A	dditional	
	27			5. Certifcate of Status Desired	Fee Re	quired	
22	City & State				\$5.00		
- City & State	<u> </u>			6. Election Campaign Financing	Added to		
23	28		_	Trust Fund Contribution	Added to) Lees .	
Zip Country	Zip	Country		8. This corporation owes the current year Intangible			
24 25	29	30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax.	☐ Yes	□No	
9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
0441 N		8	Name				
CTDOLICE ICCE	· · · · · · · · · · · · · · · · · · ·						
85U 20077 PIERCE ST 30 13 8 1 1			82 Street Address (P.O. Box Number is Not Acceptable)				
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TAMPA FL 33602	•			इंड्रान्ड इन इनियम्बर मान्या है।	क्षा होत्य प्रक्रिय क्षार्थ ह	(\$11 \$1341 1331 	
		84	4 City	The second secon	85 Zip C	Code (%)	
11. Pursuant to the provisions of Sections 607.0502	and 607 1508, Florida Statute	es, the abov	ve-named corp	poration submits this statement for the purpose ion's board of directors. I bereby accept the ar	or changing its	registered sistered	
11. Pursuant to the provisions of Sections 607.0502 POS office or registered agent, or both, in the State of	ons of Section 607.0505. Flor	rida Statute	y une corporau S.	ion's board of directors. Thereby about the Ep	1	,	
1 W:	\ ee			11	Klaa −		
SIGNATURE Signature, typed on provide hama of polister of points	if annimable (NOTE	· Radictered And	ent signature require	red when reinstating)	-11-11-		
		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
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		1.4 CITY-	ST-7IP				
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NAME		2.2 NAME					
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CITY-ST-ZIP		. 2. 4 CITY-	.ST-ZIP				
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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 teport 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 rustee-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 all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ing/11dainnis

Daytime Phone #