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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48545

REICHEL REALTY & INVESTMENT, INC.

## FILED Feb 03, 1999 8:00am Secretary of State

02-03-1999 90029 018 \*\*\*150.00



Mailing Address Principal Place of Business 4524 GUN CLUB ROAD #212 4524 GUN CLUB ROAD #212 W PALM BEACH FL 33415 W PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/23/1986 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2758157 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #; etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REICHEL, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 10289 ALLAMANDA CIRCLE 的性性對對於制 PALM BEACH GARDENS FL 33410 83 Zip Code 85 City 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 of 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 Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 44.3 - 14-17 1.1 TITLE PST 1.2 NAME REICHEL, WILLIAM B. NAME 1.3 STREET ADDRESS 3694 VICTORIA DR STREET ADDRESS 1.4 CITY-ST-ZIP W PALM BEACH FL CITY+ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME REICHEL, WILLIAM B. 2.3 STREET ADDRESS 3694 VICTORIA DR STREET ADDRESS 2.4 CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE 3.2 NAME NAME -3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 51TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 6.1 TITLE TITLE 864 在7周4世 6.2 NAME NAME 製作物 经验证证 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address with all other like empowered.

SIGNATURE

1/18/99 56/4784440 Date Daytime Phone #