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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90022 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K00223

1. Corporation Name
R.L. REIMER ENTERPRISES, INC.



| | |
|---|---|
| Principal Place of Business 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US | Mailing Address 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 30 |
|---|--|----|

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 11/03/1987 | 4. FEI Number 59-2872539 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
REIMER, LOUIS R
2295 OLD KINGS RD.
454 ROCKEFELLER DR
NEW SMYRNA BCH FL 32168

10. Name and Address of New Registered Agent

| | |
|---|---------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2295 OLD KINGS ROAD |
| 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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | REIMER, LOUIS R | |
| STREET ADDRESS | 454 ROCKEFELLER DRIVE | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL 32168 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | REIMER, LOUIS R. | |
| STREET ADDRESS | 454 ROCKEFELLER DR. | |
| CITY-ST-ZIP | NEW SYMRNA BEACH FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | REIMER, DEBORAH J | |
| STREET ADDRESS | 454 ROCKEFELLER DRIE | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL 32168 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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, with all other like empowered.

SIGNATURE: *Deborah J Reimer* **REQUIRED** **2/15/99** **(904) 428-6537**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0026372

CR2E034 (1/198)