

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K12630 (5)**

1. Corporation Name
REESE INTERESTS, INC.



Principal Place of Business
**200 S. BISCAYNE BLVD.
MIAMI FL 33131-2352**

Mailing Address
**3197 N.W. 63RD STREET
BOCA RATON FL 33496
US**

3. Date incorporated or Qualified 01/22/1988	3a. Date of last Report 02/13/1995
4. FEI Number 65-0030893	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. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**ALVAREZ, VICTOR M.
% WHITE & CASE
200 S BISCAYNE BLVD, SUITE 4900
MIAMI FL 33131-2352**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

(Signature for corporation or other person authorized to sign)

(Signature for Registered Agent or other person authorized to sign)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DPS	1.1 TITLE	☒ Change ☐ Addition
2. NAME	REESE, JAN DAVID	2.1 NAME	
3. STREET ADDRESS	3197 N.W. 63RD STREET	3.1 STREET ADDRESS	3197 NW 63 St.
4. CITY, ST, ZIP	BOCA RATON FL 33496	4.1 CITY, ST, ZIP	
5. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS	3197 N.W. 63rd Street	7.1 STREET ADDRESS	
8. CITY, ST, ZIP		8.1 CITY, ST, ZIP	
9. TITLE	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST, ZIP		12.1 CITY, ST, ZIP	
13. TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	
17. TITLE	☐ DELETE	17.1 TITLE	☐ Change ☐ Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 its 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 of change 1, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

407-241-4532

CR2E034 (12/95)