

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **K64846**

(4)

1. Corporation Name

**REUNITED, INC.**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**7027 W. BROWARD BLVD.  
226  
PLANTATION FL 33317-2208  
US**

Mailing Address  
**7027 W. BROWARD BLVD.  
226  
PLANTATION FL 33317-2208  
US**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/10/1989</b>                                                                                              | 3a. Date of Last Report<br><b>05/01/1994</b>                                    |
| 4. FEI Number<br><b>59-2930415</b>                                                                                                                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                           | <b>\$8.75 Additional Fee Required</b>                                           |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>                                              |
| 8. This corporation has liability for the information under S. 199 (1995 Florida Statutes) <input type="checkbox"/> Yes <input type="checkbox"/> 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                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**MILLER, BETH A.**  
~~461 S.W. 55TH TERRACE~~ **833 Veronalake Drive**  
~~PLANTATION FL 33317~~ **Fort Lauderdale, FL**  
**33326**

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)  
**833 Veronalake Drive**

03. City

04. City **Fort Lauderdale, FL**

05. Zip **33326**

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: *Beth A. Miller, pres.* **Beth A. Miller** **4/11/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>VS</b>                    |
| NAME           | <b>MILLER, JONATHAN C.</b>   |
| STREET ADDRESS | <b>461 S.W. 55TH TERRACE</b> |
| CITY, ST, ZIP  | <b>PLANTATION FL</b>         |
| TITLE          | <b>PT</b>                    |
| NAME           | <b>MILLER, BETH A.</b>       |
| STREET ADDRESS | <b>461 S.W. 55TH TERRACE</b> |
| CITY, ST, ZIP  | <b>PLANTATION FL</b>         |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | <b>833 Veronalake Drive</b>                                                  |
| 1.4 CITY, ST, ZIP  | <b>Fort Lauderdale, FL 33326</b>                                             |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | <b>833 Veronalake Drive</b>                                                  |
| 2.4 CITY, ST, ZIP  | <b>Fort Lauderdale, FL 33326</b>                                             |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and given not equally for the exemptions stated in Section 190.02(2)(b), 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 in Block 14 with my address.

SIGNATURE: *Beth A. Miller, pres.* **Beth A. Miller, pres** **4/11/95** **305-389-3636**