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Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K64846 (4)

1. Corporation Name  
REUNITED, INC.

Principal Place of Business  
2269 S. UNIVERSITY DRIVE  
SUITE 115  
FORT LAUDERDALE FL 33324  
US

Mailing Address  
2269 S. UNIVERSITY DRIVE  
SUITE 115  
FORT LAUDERDALE FL 33324-5856  
US



3. Date Incorporated or Qualified 02/10/1989  
3a. Date of Last Report 03/12/1996

2. Principal Place of Business  
21 318 Indian Trace  
Suite, Apt. #, etc. 400  
City & State Fort Lauderdale, FL  
Zip 33326 Country US  
22 400  
23 Fort Lauderdale, FL  
24 33326 25 US  
26 318 Indian Trace  
Suite, Apt. #, etc. 400  
City & State Fort Lauderdale, FL  
27 400  
28 Fort Lauderdale, FL  
29 33326 30 US

4. FEI Number 59-2930415  
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

9. Name and Address of Current Registered Agent  
MILLER, BETH A.  
833 VERONA LAKE DRIVE  
FT. LAUDERDALE FL 33328

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS  
TITLE VS ☐ DELETE  
NAME MILLER, JONATHAN C.  
STREET ADDRESS 833 VERONA LAKE DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL  
TITLE PT ☐ DELETE  
NAME MILLER, BETH A.  
STREET ADDRESS 833 VERONA LAKE DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: Beth A. Miller 1/10/97 (954) 389-3636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)