FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT · 1995

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

APPROVED AND FILED

95 MAY -1 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # K76168

1. Corporation Name

REIN PROPERTIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
19665 BAY COVE DRIVE BOCA RATON, FL 33434	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/29/89	3a. Date of Last Report: 5/94
4. FEI Number: 65-0117470	☐ 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	25
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: MICHAEL G. KEARNEY
	82 Street Address (P.O. Box Number is Not Acceptable): 19665 BAY COVE DRIVE
	83
	84 City: BOCA RATON FL 85 Zip Code: 33434

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: Michael G. Kearney (Required) (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	11 TITLE		☐ Change ☐ Addition
NAME	MICHAEL G. KEARNEY	12 NAME		
STREET ADDRESS	19665 BAY COVE DRIVE	13 STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL.	14 CITY ST ZIP		
TITLE	DIRECTOR	21 TITLE		☑ Change ☐ Addition
NAME	CHARLES W. TOMLINSON III	22 NAME	C.W. TOMLINSON III	
STREET ADDRESS	1290 WESTON RD	23 STREET ADDRESS	1140 LINCOLN CT	
CITY ST ZIP	FT LAUDERDALE FL.	24 CITY ST ZIP	CAPE CORAL, FL. 33904	
TITLE	DIRECTOR	31 TITLE		☐ Change ☐ Addition
NAME	JOSEPH W. KEARNEY	32 NAME		
STREET ADDRESS	584 11TH ROAD	33 STREET ADDRESS		
CITY ST ZIP	TULY, N.Y.	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Michael G. Kearney 4/26/95 (Date) 1907 457 3884 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL G. KEARNEY