

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # L95636** (1) n/c 3/11/98  
 1. Corporation Name  
~~REITER & ALLEN, P.A.~~  
 Name changed to **Ted M. Reiter, P.A.**

Principal Place of Business Mailing Address  
 2303 S.E. 17TH ST. SUITE 204 OCALA FL 34471 US  
 2303 S.E. 17TH ST. SUITE 204 OCALA FL 34471 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 40 SE 11th Avenue 26 40 SE 11th Avenue  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Ocala, FL 28 Ocala FL  
 Zip Country Zip Country  
 24 34471 25 Marion 29 34471 30 Marion

3. Date Incorporated or Qualified  
 08/24/1990  
 4. FEI Number Applied For  
 59-3022395 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 REITER, TED M.  
 2303 SE 17TH ST.  
 SUITE 204  
 OCALA FL 34471

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 40 SE 11th Avenue  
 83  
 84 City Ocala FL 85 Zip Code 34471

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 **TED M. REITER** *Ted Reiter* DATE **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	REITER, TED M.	
STREET ADDRESS	391 N.E. 45TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, ROBERT 'ANDY'	
STREET ADDRESS	3834 APPLETON WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PILARCZYK, DEBRA L.	
STREET ADDRESS	3611 NE 18TH TERR.	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PTSD	<input checked="" 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		

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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.

SIGNATURE: **TED M. REITER** *Ted Reiter* DATE **4/27/98** (352)622-2228

CP2E034 (10/97)