PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M06237

1. Corporation Name

REGENT HOLDING CORPORATION

11202111 110201110 00111 011	
Principal Place of Business	Mailing Address
3710 N 37TH TERRACE	3710 N. 37TH TERRACE

FILED Feb 25, 1999 8:00 am Secretary of State

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			8	11 Na	ne Le	^	(7hi	tis				
	E, LAWRENCE N		8	2 Str				mber is Not A	cceptab	le)		
	AVENTURA BLVD SUITE 308											
CUR	AL GABLES FL 33180		[6	3 3	710	Ņ-	37	terr	c/e			
	Λ	1	8	4 City	7		hoows			FL	85 Zip	Code
44 Dusquant	to the provision of Sections 607.05	2 and 607 1508 Florida Statu	ites the abo	ve-nan	ed corpo	oration s	submits thi	is statement	for the p		changing it	s registered
office or re	to the provisions of Sections 607.09 egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the c	orporatio	n's boa	rd of direc	tors. I hereby	accept	the appoi	ntment as r	egistered
agent. Fai	m familiar with, and accept the obliga	ations of, Section 607.0505, FI	ionda Statuti	es.		~ 1	TIM	2				
1		(· /))					3/90	7				
SIGNATURE	Clausture broad & printed name of registered are	ant and title if applicable (NO)	E. Registered A		ure required	when rein	stating)	/		DATE		
	Signature, typed or printed name of registered age		E· Registered A		ture required			/CHANGES	TO OFF		ID DIRECT	ORS IN 12
12.	OFFICERS AI	ent and title if applicable (NOT ND DIRECTORS		gent signa	ture required			/CHANGES	TO OFF		ID DIRECT	ORS IN 12
12.	OFFICERS AF	ND DIRECTORS	13.	gent signa	ture required			/CHANGES	TO OFF			
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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 trusted emphwered 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 au attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #