SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M66195** **(2)**

1. Corporation Name
RHEINAUERS, INC.

Principal Place of Business	Mailing Address
1399 6TH ST NW 200 ORANGE-CO. CIRCLE. N.E. WINTER HAVEN FL 33880 US	C/O WILLIAM H. SANDS P. O. OX 1520 WINTER HAVEN FL 33882-1520 US

2. Principal Place of Business 21 1399 6th St., N.W.	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23 Winter Haven, FL	City & State 28
Zip / Country 24 33881 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/27/1988	3a. Date of Last Report 06/05/1995
4. FEI Number 59-2882665	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

SANDS, WILLIAM H.
1399 6TH ST., N.W.
WINTER HAVEN FL 33880

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SANDS, WILLIAM H.		12 NAME		
STREET ADDRESS	1399 6TH ST., N.W.		13 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		14 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	21 TITLE	DVTS	☒ Change ☐ Addition
NAME	SANDS, JULIA S.		22 NAME		
STREET ADDRESS	1399 6TH ST., N.W.		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		24 CITY-ST-ZIP		
TITLE	DVS	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HENRY, WILLIAM O. E.		32 NAME		
STREET ADDRESS	985 HELEN CR.		33 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SANDS, HOWARD E., JR.		42 NAME		
STREET ADDRESS	185 LAKE OTIS RD.		43 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SANDS, MARIE H.		52 NAME		
STREET ADDRESS	185 LAKE OTIS ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	TOWNE, DUDLEY P.		62 NAME		
STREET ADDRESS	2323 JONILA ;AVE.		63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 6/6/96 (941) 294-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #