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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001540

1. Corporation Name
R & E, INC. OF TAMPA

562788 - 90006 - 15

Principal Place of Business	Mailing Address
2511 N GRADY AVE TAMPA FL 33610	2511 N GRADY AVE TAMPA FL 33610

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2511 N. Grady Ave.	26 2511 N. Grady Ave.	03/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3500331 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa, FL.	City & State 28 Tampa, FL.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33607 25 USA	Zip / Country 29 33607 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PULEO, ROBERT ALDEN 2511 N GRADY AVE TAMPA FL 33610	81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robert A. Puleo 4-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~President~~	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~Tony A. Puleo~~		1.2 NAME		
STREET ADDRESS	~~2511 N. Grady Ave~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~Tampa, FL. 33607~~		1.4 CITY-ST-ZIP		
TITLE	~~Robert A Puleo~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~Registering Agent~~		2.2 NAME		
STREET ADDRESS	~~2511 N. Grady Ave.~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~Tampa, FL. 33607~~		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Tony A. Puleo		3.2 NAME		
STREET ADDRESS	2511 N. Grady Ave.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL. 33607		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Robert A Puleo		4.2 NAME		
STREET ADDRESS	2511 N. Grady Ave.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL. 33607		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Cara M. Puleo		5.2 NAME		
STREET ADDRESS	1717 1/2 22nd Ave. N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	St. Pete, FL. 33713		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Puleo Robert A. Puleo 4-29-99 (813) 879-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED