


FILE NOW: FILING FEE IS \$61.25

Amended

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 <u>4314 E 7th Ave.</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>4314 E 7th Ave.</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/16/1998	
22 City & State 23 <u>Tampa, FL</u>		27 City & State 28 <u>Tampa, FL</u>		4. FEI Number 59-3500331	
24 <u>336005</u> 25 <u>USA</u>		29 <u>336005</u> 30 <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PULEO, ROBERT ALDEN 2511 N GRADY AVE TAMPA FL 33610				10. Name and Address of New Registered Agent 81 Name <u>Cara M. Puleo</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>4314 E 7th Ave.</u> 83 84 City <u>Tampa</u> FL 85 Zip Code <u>336005</u>	
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 <u>Cara M. Puleo Secretary</u> DATE <u>7-28-99</u>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>President</u> NAME <u>Tony A. Puleo</u> STREET ADDRESS <u>2511 N. Grady Ave.</u> CITY-ST-ZIP <u>Tampa, FL 33607</u>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <u>P</u> 1.2 NAME <u>Robert E. Hickman</u> 1.3 STREET ADDRESS <u>4314 E 7th Ave.</u> 1.4 CITY-ST-ZIP <u>Tampa, FL 33605</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>Registering Agent</u> NAME <u>Robert A. Puleo</u> STREET ADDRESS <u>2511 N. Grady Ave.</u> CITY-ST-ZIP <u>Tampa, FL 33607</u>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <u>V</u> 2.2 NAME <u>Kirk Bullock</u> 2.3 STREET ADDRESS <u>4314 E 7th Ave.</u> 2.4 CITY-ST-ZIP <u>Tampa, FL 33605</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE <u>S</u> 3.2 NAME <u>Cara Puleo</u> 3.3 STREET ADDRESS <u>4314 E 7th Ave.</u> 3.4 CITY-ST-ZIP <u>Tampa, FL 33605</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cara M. Puleo RE Cara M. Puleo DATE 7-28-99 (813) 248-9278

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