

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-18-2004 90002 018 ***150.00

DOCUMENT # P01000113471

1. Entity Name

R.E.E.L. WEB ADVERTISING, INC.



Principal Place of Business

4520 NE 18TH AVE
400
FORT LAUDERDALE FL 33331

Mailing Address

4520 NE 18TH AVE
400
FORT LAUDERDALE FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

66433487



MOORE CR2E034 (4/04)

4. FEI Number

65-1155927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINS, LYLE D
1955 SW 30 TERRACE
FT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANDAL, ELIAS E
3718 PEBBLEBROOK MANOR
COCONUT CREEK FL 33073

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAWKINS, LYLE D
1955 SW 30 TERRACE
FT LAUDERDALE FL 33312

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
KUSCH, EVAN A
1955 SW 30 TERRACE
FT LAUDERDALE FL 33312

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Evan Kusch
405 South Riverside Drive
Pompano Beach, FL. 33062

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Web Master.
Russell O. Saunders
1400 NE 53rd Ct. Apt. #29
Ft. Lauderdale FL. 33334

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

08/30/04 954 668 5080

66433487

Attachment

P01000113471

Industry Verification Form, BLS 3023 NVS

Form Approved, O.M.B. No. 1220-0032

FLORIDA AGENCY FOR WORKFORCE INNOVATION
In cooperation with the U.S. Department of Labor

1

This report is mandatory under Florida Statutes, Chapter 443, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

2

The questions on this form concern the work location(s) using Unemployment Insurance account number 0024028980 IN FLORIDA.

R E E L WEB ADVERTISING INC
4520 NE 18TH AVE # 400
OAKLAND PARK FL 33334-5657

3

We need the name and direct mailing address for the business using this Unemployment Insurance account, regardless of who prepares this form. This information does not affect mailings for tax purposes. Are the name and mailing address shown in Item 2 correct for the business using this Unemployment Insurance account?

☒ YES ☐ NO....Please **print** corrections or additions to the right of the printed address in Item 2.

☐ COMPANY PERMANENTLY OUT OF BUSINESS OR MOVED OUT OF FLORIDA

Enter date closed or moved: 030503 **SKIP to Item 9 on the back of this form**

4

In addition to your mailing address, please tell us where your business is **physically** located (street and number). The physical location address is the place where you conduct your business and receive deliveries, so it cannot be a Post Office Box or a rural route number.

Our records show that this business in FLORIDA is physically located at:

1499 W PALMETTO PARK RD STE 418
BOCA RATON, FL 33486-3324

Is this address correct for the location in FLORIDA?

☒ YES--> Continue with Item 5

☐ NO--> Please make changes to the right of the address here, in Item 4. Continue with Item 5

5

Is the following information correct for the address in Item 4? FLORIDA COUNTY: PALM BEACH

☐ YES...Continue with Item 6

☒ NO....Please print corrections in this space and then continue with Item 6

6

According to our records, the business operating under Unemployment Insurance account 0024028980 in FLORIDA mainly provides goods and services to the general public. Is this correct? ("The general public" includes individual consumers, other businesses, and organizations.)

☐ YES, we MAINLY provide goods and services to the general public

☐ NO, we are part of a larger company and we MAINLY support other locations of OUR company

7

Does this business have a website?

☐ YES....Please enter your website address here. W.W.W REEL Web Advertising Com...Continue with Item 8

☐ NO....Continue with Item 8

8

Does the business using Unemployment Insurance account 0024028980 IN FLORIDA have only one physical location in this state? (Do not count client sites or offsite projects that will last less than a year.)

☒ YES (One physical location)....Continue with Item 9 on the back

☐ NO (More than one physical location)....Please attach a separate sheet. For each site, (1) list physical location address, (2) show number of employees, and (3) answer Items 6 and 9-11. Continue with Item 9

PLEASE CONTINUE WITH ITEM 9 ON THE BACK OF THIS PAGE.



OFFICE USE FY04 10/13/03
EMPL SIC AUX NAICS CTY TWN4 OWN MEEI AT
-----3-9999-5-541810-099-000--5---1---U

| | | | | |
|-------|-----|-----|-----|----|
| NAICS | CTY | TWN | AUX | RC |
|-------|-----|-----|-----|----|

ATTACHMENT

P01000113471

66433487

September 8, 2004

Division of Corporations
Glenda E. Hood
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Subject: Dismissal of late fee.

To Whom It May Concern:

I am writing a letter to you in reference to the \$400.00 late fee charge placed upon my account, reference number P01000113471. Please dismiss the \$400.00 late fee charge that has been placed upon my account. The reason why I am requesting dismissal is because the original annual report form you attempted to send to me was unfortunately sent to 1499 W. Palmetto Park Rd. STE 418, Boca Raton FL. This address is no longer my address. In April of this year I called and requested a new form. I received the new form in July and then sent a check to you on the 13th of August.

Sincerely,

R.E.E.L. Web Advertising, Inc.

R.E.E.L. Web Advertising