SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

REITHOFFER SHOWS, INC.

| FILED | |
|----------------------|---|
| Sep 15, 1999 8:00 ar | n |
| Secretary of State | |

09-15-1999 90013 026 ***550.00

| Principal Place | e of Business | Mailing Address | | _ | | - | ONG BINGS DIDII OLDIG DIDIL DIDIL DIDIL DIDI | |
|-----------------------------------|--|---|---------------------------|-----------------|----------------|--|--|--|
| 9022 WIGGINS GIBSONTON F US | | B.G. STEPHENSON LTD. 4157 CHAIN BRIDGE RO/ FAIRFAX VA 22030 US | AD | | | DO NOT WRITE 1 3. Date Incorporated or Qualified 08/25/1988 | N THIS SPACE | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | | 52-0690094 | Not Applicable \$8.75 Additional | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | Fee Required | |
| City & Stat | 6 | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country 25 | Zip | Cour | ntry | | 8. This corporation owes the current year Intangible Personal Property. Yes X No | | |
| 24 | 9. Name and Address of Curren | · () | 1 | | | 10. Name and Address of New Regi | | |
| | | | | 81 | Name | | | |
| | ISON, ALBERT CRAIG EAST TENNESSEE STREET | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable |) | |
| | LAHASSEE FL 32308 | | } | 83 | | | | |
| | | | Į | | | | 3-1 7-0-4- | |
| | | | | 84 | City | | FL 85 Zip Code | |
| office or | to the provisions of sections 607, USD2 registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen | of Florida. Such change was tions of, section 607.0505, Fl | authorized orida Stati | l by 1 utes. | the corporatio | ation submits this statement for the purpo in's board of directors. I hereby accept th red when reinstating) | e appointment as registered | |
| 12. | OFFICERS AN | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 | |
| TITLE | P | DELETE | 1.1 TIT | LE | | | Change Addition | |
| NAME | REITHOFFER, P.E. III | | 1.2 NA | ME | | | | |
| STREET ADDRESS | 19468 CAMP LANE | | 1.3 STF | REETA | ADDRESS | | _ | |
| CITY-ST-ZIP | JUPITER FL 33478 | | 1.4 CIT | | ZIP | | | |
| TITLE | V | DELETÉ | 2.1 TIT | L.E | ŀ | | Change Addition | |
| NAME | REITHOFFER, RICHARD H. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 9022 WIGGINS RD. | 1 | | | ADDRESS | | | |
| CITY-ST-ZIP | GIBSONTON, FL. 33534 33534 | | 2.4 CIT | | ZIP | | Change Addition | |
| TITLE | S PEITHOFFED MADIANING | DELETE | 3.1 TIT 3.2 NA | | | | Change Addition | |
| NAME STREET ADDRESS | REITHOFFER, MARIANNE 9022 WIGGINS RD. | | | | ADDRESS | | | |
| CITY-ST-ZIP | GIBSONTON, FL. 33534 33534 | | 3.4 CIT | | ŀ | | | |
| TITLE | D | DELETE | 4.1 TIT | | Zir . | | Change Addition | |
| NAME | REITHOFFER, P.E. JR. | C. Dece le | 4.2 NA | | | • | | |
| STREET ADDRESS | 154 MONTEREY WAY | | 4.3 STF | REETA | ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH FL-33411 | | 4.4 CIT | | zip Ro | yal Palm Beach, 1 | FL 33411 | |
| TITLE | D | DELETE | 5.1 TIT | LE | | | Change Addition | |
| NAME | REITHOFFER, BETTE A. | /- | 5.2 NA | ME | | | | |
| STREET ADDRESS | 154 MONTEREY WAY | | 5.3 STF | REETA | ODRESS | | 20 | |
| CITY-ST-ZIP | PALM BEACH FL-33411 | | 5.4 CITY-S | | ZIP RO | yal Palm Beach, F | <u>L 33411</u> | |
| TITLE | | DELETÉ | 6.1 TIT | LE | | | Change Addition | |
| NAME | | | 6.2 NA | ME | | | | |
| STREET ADDRESS | | | 6.3 STF | REETA | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CIT | Y-ST-Z | ZIP | | | |

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 composation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.