FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Sep 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002568 (3)

REVENUE ENHANCEMENT PROFESSIONALS OF AMERICA, IN C.

G.							
Principal Place	e of Business	Mailing Address		·	LAGDEEDDI IID IDEIN IIDDI BOILL BOILL ADILL	8800 88000 HOOD DIGER (1001 1001
5364 EHRLICH RD. 5384 EHRLICH SUITE 150 SUITE 150 TAMPA FL 33624 TAMPA FL 336							
					3. Date Incorporated or Qualified 11/02/1992	3a. Date of Las 06/19/1996	•
2. Principal Place of Business 2a. Mailing Ad					4. FEI Number		Applied For
21		26			59-3149206		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1	5 Additional Required	
City & State	Э	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30			Fforida Statutes Yes No			
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
KUH	n, Paul D Jr.		81	Name			
5364 STE.	EHRLICH RD.		82 Street Addre		ess (P.O. Box Number is Not Acceptab	le)	
	PA FL 33624		83				
			84	City		85 Z	ip Code
· · · · · · · · · · · · · · · · · · ·						FL	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	authorized by	the corporati	oration submits this statement for the proofs board of directors. I hereby acception	urpose of changing t the appointment) its registered as registered
SIGNATURE		gettern of, evertern per respons		•			
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered a		It: Registered Age	niuper erutangia Inc	ed when reinstaling)	DATE	
12.	·	ND DIRECTORS	13.	·····	ADDITIONS/CHANGES TO OFFIC		
TITLE			1.1 TITLE			☐ Chang	e 🔲 Addition
NAME	KUHN, PAUL D		1.2 NAME				
STREET ADDRESS	5364 EHRLICH ROAD STE. 1	50	1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY - ST - ZIP		····		
TITLE	D MAROUA DENIGE	☐ DELETE	2.1 TITLE			Chang	e L Addition
NAME	KUHN, MARSHA DENISE	•	2.2 NAME		•		
STREET ADDRESS	5364 EHRLICH RD., STE. 150		2.3 STREET ADDRESS		•		
CITY-ST-ZIP TITLE	TAMPA FL 33624	DELETE	2. 4 C(TY - ST - ZIP 3.1 TITLE			Chang	e Addition
NAME						C ciany	s
STREET ADORESS			3.2 NAME	4000500			
			3.3 STREET				
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - : 4.1 TITLE	S1-ZIP		☐ Chang	e Addition
NAME		Lig beech	4. 2 NAME			i Outung	5
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ì			
TITLE		DELETE	5.1 TITLE	1-21		☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE	1-¢H		☐ Chang	e Addition
NAME		<u> </u>	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
STALLT POUNCOS			U.S STREET	HUDIII.33			

14. To 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 607, Florida Statutes; and that my name