

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90105 033 \*\*\*150.00

DOCUMENT # P93000017755

1. Corporation Name  
REUSE, INC.

Principal Place of Business  
6800 N MILITARY TRAIL  
SUITE 637  
WEST PALM BEACH FL 33407-1218

Mailing Address  
6800 N MILITARY TRAIL  
SUITE 637  
WEST PALM BEACH FL 33407-1218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

4. FEI Number

65-0395787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 504 50th Street

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach, FL

Zip

24 33407

Country

25 USA

2a. Mailing Address

26 61 Huerte Way

Suite, Apt. #, etc.

27

City & State

28 Port Saint Lucie, FL

Zip

29 34952

Country

30 USA

9. Name and Address of Current Registered Agent

MIDGETTE, RICHARD I SR.  
504 50TH STREET  
WEST PALM BEACH FL 33407-2832

10. Name and Address of New Registered Agent

81 Name

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

83 61 Huerte Way

84

Port Saint Lucie

FL

85 Zip Code

34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MIDGETTE, RICHARD I. SR.

STREET ADDRESS 504 50TH ST 61 Huerte Way

CITY-ST-ZIP WEST PALM BCH FL Port Saint Lucie, FL 34952

TITLE ☐ DELETE

NAME MIDGETTE, VIRGINIA K

STREET ADDRESS 504 50TH ST 61 Huerte Way

CITY-ST-ZIP WEST PALM BCH FL Port Saint Lucie, FL 34952

TITLE ☐ DELETE

NAME MORRIS, WILLIE J

STREET ADDRESS 5400 POINCIANA AVE

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME DAVID NEWMAN

STREET ADDRESS P.O. Box 8483

CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME MICHELLE NEWMAN

STREET ADDRESS P.O. Box 8483

CITY-ST-ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-99

Daytime Phone #

800-330-7387

CR2E034 (11/98)

0367267