

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

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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90031 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P93000028790**

1. Corporation Name  
**REKA ENVIRONMENTAL, INC.**



Principal Place of Business: PO BOX 3576, WINTER SPRINGS FL 32708, US  
 Mailing Address: PO BOX 3576, WINTER SPRINGS FL 32708, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/19/1993**

2. Principal Place of Business: 21 **852 Leopard Trail**  
 Suite, Apt. #, etc. 22

2a. Mailing Address: 26 **852 Leopard Trail**  
 Suite, Apt. #, etc. 27

4. FEI Number: **59-3195977**  
 Applied For:  Not Applicable

23 City & State: **Winter Springs FL**  
 Zip: **32708** Country: **USA**

28 City & State: **Winter Springs FL**  
 Zip: **32708** Country: **USA**

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

9. Name and Address of Current Registered Agent  
**COOK, STEPHEN E T**  
**852 LEOPARD TRAIL**  
**WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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]* **Katherine R. Cook** DATE: **1/5/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, STEPHEN T.</b>	1.2 NAME	<b>Cook Stephen T.</b>
STREET ADDRESS	<b>8879 COLONIA DR. SUITE 155</b>	1.3 STREET ADDRESS	<b>852 Leopard Trail</b>
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DVPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, KATHERINE R</b>	2.2 NAME	<b>Cook K, Katherine R.</b>
STREET ADDRESS	<b>8879 W. COLONIAL DR., SUITE 155</b>	2.3 STREET ADDRESS	<b>852 Leopard Trail</b>
CITY-ST-ZIP	<b>OCOEE FL</b>	2.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **Katherine R. Cook** DATE: **1/5/99** DAYTIME PHONE #: **407-695-7456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)