SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

SIGNATURE:

Secretary of State
DIVISION OF CORPORATIONS

Corporation I	NENT # P9300	0073833 (4)			
	REATS BAIL BONDS INC.				III 6400 (0104 HARA 14141 HHAR 1111 1661
rincipal Place	of Business	Mailing Address			
WA A A B T		750 S.O.B.T.			
750 S.O.B.T. Suite 1		SUITE 1			1
ORLANDO FL 32805		ORLANDO FL 32805 US		3. Date Incorporated or Qualified	3a. Date of Last Report
US				10/25/1993 4. FEI Number	07/25/1995 Applied For
. Principal Pla	ace of Business	2a. Mailing Address		59-3211561	Not Applicable
Cuita Aat #	t ala	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt # ]	r, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
]		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for Florida Statutes	Thes No
<u> </u>	9. Name and Address of Curre	29	30	10. Name and Address of New Re	
		ant Hedisteled Adent	81 Name		
	REATS, ARTHOR		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	1 SCENIC LK DR		Sileet Aut	dress (1.0 Box Hamber to No.	
UHR	LANDO FL 32808		83		
			84 City		85 Zip Code
			1 1 1	rporation submits this statement for the patients board of directors. Thereby accept	FL 03 7 p coord
	m tamillar with, and accept the our	gations of, Section 607.0505, Fil	orida Statutes	rporation submits this statement for the patients board of directors. Thereby accept	
SIGNATURE	Signature, typed or printed name of registered a	agent and tille if applicable (NO AND DIRECTORS	orida Statutes IE Registered Agent's gnature req 13.		CERS AND DIRECTORS IN 12
SIGNATURE	Signature typed or printed runne of registered a OFFICERS A	agent and title if applicable (NO	18. Hegistered Agent's gnature req 13.	gured when reinstating)	[JAT5
SIGNATURE  12.  TITLE	Signature typed or printed run e of registered a OFFICERS A D. THREATS, ARTHOR	agent and tille if applicable (NO AND DIRECTORS	IE Registered Agent's gnature req  13. 1.1 TITLE 1.2 NAME	gured when reinstating)	CERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature typed or printed run e of registered a OFFICERS A D- THREATS, ARTHOR 2403 STICHER DRIVE	agent and tille if applicable (NO AND DIRECTORS	18 Registered Agent's gnature req 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS	gured when reinstating)	CERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered a OFFICERS A D- THREATS, ARTHOR 2403 STICHER DRIVE OCOEE FL	agent and tille if applicable (NO AND DIRECTORS	IE Registered Agent's gnature req  13. 1.1 TITLE 1.2 NAME	gured when reinstating)	CERS AND DIRECTORS IN 12
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6-10-90 407-872-0037