

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:16

DOCUMENT # P94000059281 (3)

1. Corporation Name

LEONARD P. REINA LICENSED REAL ESTATE BROKER, IN
C.

Principal Place of Business

600 FIFTH AVE S
SUITE 210
NAPLES FL 33940

Mailing Address

600 FIFTH AVE S
SUITE 210
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 500 5th Avenue, S.
Suite, Apt. #, etc.

2a. Mailing Address

26 500 5th Avenue, S.
Suite, Apt. #, etc.

22 Suite 502
City & State

27 Suite 502
City & State

23 Naples, FL 33940
Zip Country

28 Naples, FL 33940
Zip Country

24 33940

25 Collier

29 33940

30 Collier

4. FEI Number

65-0510297

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINA, LEONARD P
~~600 FIFTH AVE S~~
~~SUITE 210~~
NAPLES FL 33940

81 Name

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

500 5th Avenue, South

83

Suite 502

84

Naples

FL

85 Zip Code
33940

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 of Registered Agent and Street Address

Signature of Registered Agent and Street Address

DATE

2/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
REINA, LEONARD P
~~600 FIFTH AVE S SUITE 210~~ 500 5th Ave. S
NAPLES FL 33940 Suite 502

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINA, LEONARD
~~600 FIFTH AVE S SUITE 210~~ 500 5th Ave. S.
NAPLES FL 33940 Suite 502

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information included 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 addition report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/16/95

813-263-2059