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

FILED Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000060471 (7) RHEIN ENTERPRISES, INC. Principal Place of Business Mailing Address 1806 W CANAL ST 938 BENTWOOD LN NEW SMYRNA BEACH FL 32168 PORT ORANGE FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/17/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3272583 21 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Ζıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 Name RHEIN, ROBERT E 938 BENTWOOD LN 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 83 84 City 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition RHEIN, ROBERT E NAME 1.2 NAME 938 BENTWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition RHEIN, MAUREEN D NAME 2.2 NAME 938 BENTWOOD LANE STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

Addition

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

4. 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 frue 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 it enamed. Or on an appear of the receiver of the corporation of the receiver of the recei d by Chapter 607, Florida Statutes, and that my name appears in 4/14/98 984-428-1070 SIGNATURE:

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME