

**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.)**

**APPROVED  
AND  
FILED**

**1996 AUG 23 PM 3:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P94000074900 (9)**

**R.E. INFO INC.**

Principal Place of Business: **1218 W FLETCHER AVE TAMPA FL 33612**  
 Mailing Address: **1218 W FLETCHER AVE TAMPA FL 33612**

3. Date Incorporated or Qualified: **10/07/1994** 3a. Date of Last Report: **08/04/1995**  
 4. FEI Number: **59-3325470** Applied For:  Applied For Not Applicable:   
**APPLIED FOR**  
 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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip: Country:

**9. Name and Address of Current Registered Agent**  
**BURGER, JOHN JR**  
**1218 W FLETCHER AVE**  
**TAMPA FL 33612**

**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 making, and accept the obligations of Section 607.0505, Florida Statutes.  
 SIGNATURE: *John Burger, Jr. PST* *John Burger* **9/21/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>BURGER, JOHN J</b>	
STREET ADDRESS	<b>1218 W FLETCHER AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**900001932569**  
**-08/27/96--01065--004**  
**\*\*\*\*375.00 \*\*\*\*375.00**

**SCC8-23-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

**SIGNATURE:** *John Burger, Jr.* (John Burger Jr) **9/21/96** **813/968-3853**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)