

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

PROFIT CORPORATION ANNUAL REPORT 1998

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



FILED

98 OCT 30 PM 1:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000074900 (9)

1. Corporation Name

R.E. INFO INC.



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business: 21 AS Above  
 2a. Mailing Address: 26 AS Above

4. FEI Number: 59-3325470  
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23  
 City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24  
 Country: 25  
 Zip: 29  
 Country: 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> DELETE
NAME	BURGER, JOHN JR
STREET ADDRESS	1218 W FLETCHER AVE
CITY-ST-ZIP	TAMPA FL
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002679730-9  
 -11/04/98--01000000-011-Addition  
 \*\*\*\*\*550.00 \*\*\*\*\*550.00

52-3-98  
 11-3-98

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.

SIGNATURE: *John Burger* President 813-968-3853

OR2E034 (10/97)