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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400074900

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90079 029 ***150.00

	n Name						,		
R.E. INF	O INC.							,	
*									
Principal Place of Business Mailing Address						- L KORKADOR ALD TORKE OLDER ODER FORM ORAF BOAR ROOM BOAR ORAF 			
1218 W FLETCHER AVE TAMPA FL 33612 1218 W FLETCHER AVE TAMPA FL 33612									
					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed		
							10/07/1994	Ì	
2 Oringinal D	lace of Business	22.1	Mailing Address				4. FEI Number Applied	1 For	
21 26			. Walling Address				<u> </u>	plicable	
Suite, Apt. #, etc. Suite, Apt. #, etc			Suite, Apt. #, etc.				_ \$8.75 Addit		
22		27	• •				5. Certificate of Status Desired Fee Require	ed	
City & Stat	le		Çity & State			77	6. Election Campaign Financing \$5.00 May	Be	
23	_	28					Trust Fund Contribution Added to Fe	es	
Zip	Country	2	Zip		intry		8. This corporation owes the current year Intangible	.	
24	25	29		30	· · · · ·		Personal Property Tax.	40	
	9. Name and Address of Curren	nt Registe	ered Agent		81	Name	10. Name and Address of New Registered Agent		
BUB	IGER, JOHN JR				Ш				
	B W FLETCHER AVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33612							· · · · · · · · · · · · · · · · · · ·	-	
					83				
				84	City	FL 85 Zip Code	•		
11. Pursuant	to the provisions of Sections 607.050	2 and 607	7.1508, Florida State	utes, the a	bove	-named corpo	ration submits this statement for the purpose of changing its regi	stered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida itions of, S	ı. Such change was Section 607.0505, Fi	authorized Iorida Stat	d by 1 utes.	the corporation	i's board of directors. I hereby accept the appointment as registe	ned	
SIGNATURE									
	Signature, typed or printed name of registered ager					t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		é
12.	OFFICERS AN	ID DIREC	TADE	13.					=
	ner	,							3
TITLE	PST PURCED JOHN ID	1	DELETE	1.1 🏋	TLE			Addition	144
NAME	BURGER, JOHN JR	•		1.1 TI 1.2 N	TLE AME	ADDRESS			777 700-
NAME STREET ADDRESS	BURGER, JOHN JR 1218 W FLETCHER AVE	•		1.1 TI 1.2 N 1.3 S	TLE AME TREET	ADDRESS			447 ACOTOC
NAME STREET ADORESS CITY-ST-ZIP	BURGER, JOHN JR	,	☐ DELETE	1.1 TI 1.2 N 1.3 S' 1.4 CI	TLE AME TREET ITY-ST		☐ Change [44) ACCTOCO
NAME STREET ADORESS CITY-ST-ZIP TITLE	BURGER, JOHN JR 1218 W FLETCHER AVE	•		1.1 TI 1.2 N 1.3 S	TLE AME TREET ITY-ST		☐ Change [Addition	*** ****
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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 trusted 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, with all other like empowered.

SIGNATURE: