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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026617 (7)

REGGON, INC.

SIGNATURE:

			· · · · · · · · · · · · · · · · · · ·						
Principal Place of Business	Ma	ailing Address					, Abil Baile 11911		611 1861 1861
16115 S.W. 117 AVE		6115 S.W. 117 AVE							
#A-27						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifie	d		
						04/04/1995			
2. Principal Place of Business	—	Mailing Address				4. FEI Number		 - -	oplied For
Sulte, Apt. #, etc.	26	Suite, Apt. #, etc.				65-0572088			ot Applicable Additional
22	27	Suite, Apr. #, etc.				5. Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution			to Fees
Zip Country		Zip	Coun	ntry		8. This corporation owes or has			
24 25	29		30			Personal Property Tax due Ju			_ No
9. Name and Address		lered Agent		B1 N	Nome -	10. Name and Address of New	Hegistered A	rgent .	
GOULBOURNE, RICHARD) J		['			even Goulbon			
9021 SW 156 ST			[•	62 5	Street Addre	SS (P.O. Box Number is Not Accep	table)/	7	
#219			ŀ	63	1015	500 11 ave	7, 0	· /	
MIAMI FL 33157			L						
			[1	84 C	City Mia	7.40.1	FL		Code 3/77
11. Pursuant to the provisions of Section	ons 607.0502 and 6	07.1508, Florida Statu	ites, the ab	ove-n	semed coroo	oration submits this statement for th	e purpose of	changing it	ts registered
office or registered algerit, or both, agent. I am familiar with and accept	in the State of Floyt of the obligations of	da Such change was ESection 607 0505 F	authorized	i by th	ne corporation	on's board of directors. I hereby ac-	cept the appo	ointment as	registered
SIGNATURE	11 12	1/1/	Jones Diane				4-30	-9C	
I SUSPICIONE -							1 50	' / A	
Signature, typed or printed name o	olid bna fregstered agent and tillo	if applicable. (NC	TE: Registered	Agent s	signatura require	od when reinstating)	DATE		
Signature, typed or printed name o	registered agent and tille FICERS AND DIREC	CTORS	13.		signatura require	nd when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	
Signature, hypod or printed name of 12. OFF	FICERS AND DIREC		13. 1.1 TiTU	LE	signatura require		DATE FICERS AND		RS IN 12
12. OFF TITLE P NAME GOULBOURNE, RIC	FICERS AND DIRECT	CTORS	13. 1.1 TITU 1.2 NAM	LE ME			DATE FICERS AND	DIRECTOR	
12. OFF TITLE P NAME GOULBOURNE, RIC STREET ADDRESS 9021 SW 156 ST #	FICERS AND DIRECT	CTORS	13. 1.1 TITL 1.2 NAA 1.3 STR	le Me Reet adv	DORESS		DATE FICERS AND	DIRECTOR	
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14. Thereby 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 corposition 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, by on an altegrament with an address.