

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Mar 21 1996 8:00 am  
Secretary of State

DOCUMENT # P95000055743 (5)

1. Corporation Name

R.E.I.M. AT LAKE FAIRVIEW, INC.



Principal Place of Business

1101 N. LAKE DESTINY DRIVE  
SUITE 400  
MAITLAND FL 32751

Mailing Address

1101 N. LAKE DESTINY DRIVE  
SUITE 400  
MAITLAND FL 32751

3. Date Incorporated or Qualified  
07/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 101 WYMORE ROAD

2a. Mailing Address

26 101 WYMORE ROAD

Suite, Apt. #, etc.

22 SUITE 500

Suite, Apt. #, etc.

27 SUITE 500

City & State

23 ALTAMONTE SPRINGS, FL

City & State

28 ALTAMONTE SPRINGS, FL

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

9. Name and Address of Current Registered Agent

DELGUIDICE, FRED  
1101 N. LAKE DESTINY DRIVE  
SUITE 400  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name SAM MAJZOUB  
82 Street Address (P.O. Box Number is Not Acceptable)  
101 WYMORE ROAD, SUITE 500  
83  
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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

SAM MAJZOUB, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

March 5, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DELGUIDICE, FRED  
CITY-ST-ZIP 1101 N. LAKE DESTINY DR. SUITE 400  
MAITLAND FL 32751

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 101 WYMORE ROAD, SUITE 500  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME P, D  
2.3 STREET ADDRESS SAM MAJZOUB  
2.4 CITY-ST-ZIP 101 WYMORE ROAD, SUITE 500  
ALTAMONTE SPRINGS, FL 32714

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 600001753776  
5.3 STREET ADDRESS -03/22/96--01014--002  
5.4 CITY-ST-ZIP \*\*\*208.75

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME M.M.  
6.3 STREET ADDRESS 3-21-96  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred Delguidice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 1996

Date

(407)

774-0707

Daytime Phone #

CR2E034 (12/95)