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

DOCUMENT # P9600004273 (4)

FILED Jan 27 1998 8:00am Secretary of State

	REENE MANAGEMENT COR	` '				
Principal Place	of Business	Mailing Address		I JODISODI KID KOKA DIKK BOKK BOKK BOKK BOKK BOKK BIKA BIKA BIKA BIKA BIKA BIKA BIKA BI	OD HAT HOLF	
601 S. SEMORAN BLVD. ORLANDO FL 32807		601 S. SEMORAN BLVD. ORLANDO FL 32607				
				BO MON WIND		
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified]	
2. Principal Place of Business		2a, Mailing Address		01/11/1996 4, FEI Number (9-3(/) 33(9) [A]	pplied For	
21		26		1	of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		S8.75	Additional	
22		27		L 5 Leruticate of Status Hestred L L T	equired	
City & State		City & State		Election Campaign Financing \$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees		
Zip	— ·			8. This corporation owes or has paid the current year In		
24	25 Name and Address of Curren	29	30	Personal Property Tax due June 30. Yes L	_ No	
000		ir Hadistalan Waalir	81 Name	10. Name and Address of New Registered Agent		
	ENE, RANDALL B S. SEMORAN BLVD.					
ORLANDO FL 32807			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
-	ANDO I C SESSI		83			
			84 City	FL 85 Zip	Code	
office or re	o the provisions of Sections 607.050 ogistered agent, or both, in the State n familiar with, and accept the obliga	of Florida, Such change was	authorized by the cornors	poration submits this statement for the purpose of changing i ation's board of directors. I hereby accept the appointment as	ls registered registered	
SIGNATURE _	Standard and a standa	Alcoholis and a land	TE Registered Agont's gnalure requ	red when reinstaling) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12	
TITLE	PSTD	☐ DELET E	1.1 TOLE	Change	Addition \$	
NAME	ADMINIST DALIDALL D.D.O.		1.2 NAME			
STREET ADDRESS	AAA A APMARAN BIND		1.3 STREET ADDRESS		غا	
CITY-ST-ZIP	ORLANDO FL 32807		14 CITY - ST - ZIP			
TITLE		☐ DELET e	2.1 TITLE	Change	Addition	
NAME	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		Į.	
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change	Addition	
TITLE		ריי מניניונ	3.1 IIILE 3.2 NAME	☐ civange	L Addition	
NAME Street Address			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP	ţ		3.4 CITY-ST-ZIP		İ	
TITLE		DELETE	4.1 TITLE	☐ Change	Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change	Addition	
NAME			=		1	
STREET ADDRESS			5.2 NAME		F	
			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		☐ DELETÉ	5.3 STREE1 ADDRESS 5.4 CITY-ST-ZIP 6.1 THILE	☐ Change	☐ Addition	
TITLE NAME		DELETE	5.3 STREE1 ADDRESS 5.4 CITY-S1-2IP 6.1 TITLE 6.2 NAME	☐ Change	☐ Addition	
TITLE		☐ DELETE	5.3 STREE1 ADDRESS 5.4 CITY-ST-ZIP 6.1 THILE	☐ Change	Addition	

4. 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 repert or supplemental annual rorbit is fire 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 proporation or the receiver or truttee or provegod the 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.

ock 12 or Block 13 if ghanged, or on an attachment with an incidress.