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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Pinco of Business

CITY-\$T-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000011647 (0)

REISINGER INVESTMENT PROPERTIES, INC.

i micipai riac	o or positioss	Mailing Address				
228 ARNOLD LONGWOOD I		226 ARNOLD AVENUE LONGWOOD FL 32750-6110				
				3. Date Incorporated or Qualified 02/06/1996	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address		4. FEt Number	Applied Fo	
21		26		59-3367059	Not Applic	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for in		
24	25		30		Yes No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg		
THE	e làw firm of Lawrence J S	SPIEGEL CHRTD	81 Name	REISINGER CIQ	OV R.	
A A A LEFTH ALFENIE			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				81 Name REISINGER CLARK B. 82 Street Address (P.O. Box Number is Not Acceptable) 228 ARNOLD ANS		
			83	VVVV 17:322	/ L 3	
			<u> </u>		·	
			64 City	LONGWOOD	FL 85 Zip Code 32750	
office or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig		uthorized by the corpor rida Statutes. ### A Statutes - Registered Agent signature req	rporation submits this statement for the pation's board of directors. Thereby acceptions when reinstatings	t the appointment as register	
12.		O DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		☐ Change ☐ Ado	
NAME	REISINGER, CLARK B		1.2 NAME			
STREET ADDRESS	228 ARNOLD AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CHY+ST-7IP			
TITLE	001101100011002100	DELETE	2.1 TITLE		Change Add	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
	1	•				
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TILLE		Change Add	
NAME	}	C pittit	3.1 VILE. 3.2 NAME		the Autombe Tives	
			1			
STREET ADDRESS			3 3 STREET ADDRESS	1		
CITY-ST-ZIP		Douese	34. CITY - ST - 7IP			
TITLE	1	☐ DELETE	4.1 TITLE		☐ Change ☐ Add	
NAME			4. 2 NAME			
STREET ADDRESS	1		4.3 STREET ADDIRESS			

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

6.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAMÉ

61 TITLE

6.2 NAME

DELETE

DELETE

TUDE. SACKURALINA

4/20/97

Un7 321 5880

Change

Addition

Addition

FILED

Jun 17 1997 8:00am

Secretary of State