## 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 # P96000011647 (0)

REISINGER INVESTMENT PROPERTIES, INC.

Principal Place of Business Mailing Address  229 ARNOLD AYENUE LONGWOOD FL 32750  220 ARNOLD AVENUE LONGWOOD FL 32750			LD AVENUE			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/06/1996						
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number 59-3367059				App	lied For	$\neg$	
21		26								Not Applicable		
Suite, Apt. #, etc.  22  City & State  23		Suite, Apt. #, etc. 27  City & State 28					5. Certificate of Status Desired			\$8.75 Additional Fee Required		
						6, Elect	<u> </u>		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Countr 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
	g, Name and Address of Cu	rrent Registered Ag	ent			10. Nam	e and Address of New	Registered	Agent			
LO	NGWOOD FL 32750			63 64	City		ox Number is Not Accep		85	Zip Co	ode	
11. Pursuant office or ragent. I a	to the provisions of Sections 607, registered agont, or both, in the Sam familiar with, and accept the of	itate of Florida Such bligations of, Section	change was auth 607.0505, Florida	orized by a Statutes	the corpora	rporation sub ation's board	of directors. I hereby ac	e purpose of cept the app	chang ointmer	ing its	registere gistered	ed i
12.	OFFICERS	AND DIRECTORS		13.		ADDIT	IONS/CHANGES TO OF	FICERS AND	DIREC	TORS	IN 12	
TITLE	PSTD	DELETE 1		1.1 TITLE					Cha	inge	Addit	ion
NAME	REISINGER, CLARK B	KEISINGER, CLARK B										
STREET ADDRESS	STREET ADDRESS 228 ARNOLD AVENUE 1.3			1.3 STREET	ADDRESS							
CITY-ST-ZIP	LONGWOOD FL 32750		ſ	1.4 CITY-S	T-ZIP							
TITLE		DELETE 2.1		2.1 TITLE					Cha	nge	Addit	ion
NAME				2.2 NAME								
	}			2.3 STREET	ADDRESS							
STREET ADDRESS					MUUNILGO							
STREET ADDRESS CITY-ST-ZIP				2. 4 CITY-5								

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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.

3.2 NAME

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

**FILED** 

May 12 1998 8:00am

Secretary of State

407-331-5880

Change

Change

Change

Addition

Addition

Addition