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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000027483**1. Corporation Name

Prin	cipal	Pla	ce	of	В
3281 MAR					

Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90062 008 ***150.00

MARCEL	REHMODES ENTERPRISE	S, INC.								
Principal Place	of Business	Mailing Address					f 18814881 118 19118 B111 B8111 B81	, 49111 20116 l'		
3281 NW 70TH	AVE	3281 NW 70TH AVENUE				Ì				
MARGATE FL 33063 MARGATE FL 33063						DO NOT WRIT	E IN THIS	SPACE	•	
US		US				3.	Date Incorporated or Qualifed			
							03/28/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				1	FEI Number		1	olied For
21		26					<u>65-0656339</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		\$8.75 A	I .
22		27	<u> </u>			+-	El dia Caracina Financina		\$5.00	
City & State)	City & State					Election Campaign Financing Trust Fund Contribution		Added t	
23	Country	28	Cou	untry		-	This corporation owes the curre	nt vear inta		
Zip	25	29	30			*	Personal Property Tax.	,	Yes	□No
24	9. Name and Address of Curre		1001	Τ		10.	Name and Address of New R	egistered /	Agent	
				81	Name					
	MUDEZ, MARCEL NW 70TH AVENUE			82	Street Addre	ess (P	P.O. Box Number is Not Accepta	ole)	_	-
	GATE FL 33063			83			e e e inite	10.5	18 - 18 (4163)	### ### ### ##########################
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				84	City		, , , , , , , , , , , , , , , , , , , ,	FL	85 Zip 0	Code "" ""
	to the provisions of Sections 607.05				named corpo he corporation	oration on's bo	n submits this statement for the poard of directors. I hereby accep	ourpose of t the appoir	changing its ntment as re	registered gistered
office or re agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a gations of, Section 607.0505, Florida and title if applicable. (NOT	orida Stat	tutes.	named corpo ne corporation	d when re	reinstating)	DATE		
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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 frustee 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: