FILE NOW! FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90002 047 ***150.00

1. Corporation	on Name	027742			
RHEN	TERPRISES OF COLLIER CO	DUNTY, INC.			
Principal Place of Business Mailing Address		Mailing Address		T I ABBIIDAN 15E TOTTO USINT BOUT BOUT DESIN DOD	IN LIGHT FARM FRANK RIBLA MAN SAN
NAPLES FL 34104 NA		3884 PROGRESS AVENUE	,	· ·	
		NAPLES FL 33942		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed	S SPACE
				03/28/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26		26		65-0652549	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8,75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes the current year I Personal Property Tax.	ntangible
	9. Name and Address of Curren			10. Name and Address of New Registere	
			81 Name		
HUDGINS, THOMAS F ESQ. PAULICH, SLACK & WOLFF, P.A.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<u>·</u>
2150 GOOFDLETTE ROAD, 6TH FLOOR			83	48 1 1 2 1 1 2 1 2 2 2 2 2 2 2 2 2 3 2 3 2	
NAF	PLES FL 33940			1985年在1766日初期 對日報日 期	
			84 City	· F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	or Florida, Such change was au tions of, Section 607.0505, Flori	thorized by the corporational da Statutes.	on s board of directors. I hereby accept the app	ointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I D DIRECTORS	Registered Agent signature required 13.		ND DIDECTORS IN 40
TITLE	PVTS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HORST, ROY		1.2 NAME		□ average □ vectors.
STREET ADDRESS		•	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2 NAME	,	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	<u> </u>	2. 4 CITY-ST-ZIP		*
TITLE	SED BEST FOR ST	☐ DELETE	3.1 TITLE		Change Addition
NAME		Aggradi, ""	3.2 NAME	•	
STREET ADDRESS	ADDRESS TO BE AND THE THE	-34	3.3 STREET ADDRESS	TO 10 19 19 19 19 19 19 19 19 19 19 19 19 19	李子哲 计记录程序 医形形皮皮肤 福爾二
CITY-ST-ZIP	term Pok sare		3.4. CITY-ST-ZIP		《独自》的《礼》
,IIILE	10 30	☐ DELETE	4.1 TITLE	1627 BELG [新华] 10 MEM \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Change 1 Addition
NAME	3 A. S.	401 10 6 25 To 10 10	4.2 NAME	•	•
STREET ADDRESS		N. A. C.	4.3 STREET ADDRESS		
CITY ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	No. of No.	☐ Change ☐ Addition
NAME	,		5.2 NAME 5.3 STREET ADDRESS		, .
STREET ADDRESS CITY-ST-ZP	PVIS :		5.4 CITY-ST-ZIP		
TITLE	SON DE LA COLLEGE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	State and control of		6.2 NAME		□ cusuide □ Vordillott
STREET ADDRESS	\$C\$\$ £\$ 花	*	6.3 STREET ADDRESS	•	
CITY-ST-ZIP .			6.4 CITY-ST-ZIP		
OUT-01-71 /	certify that the information cumplied wit		1 TOTAL	·	

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 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, with all other like empowered.

SIGNATURE

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)643-3682 Daviding Phone #