


<div>DOCUMENT # P96000036796</div> <div>1. Entity Name</div> <div>REINEKE & ASSOCIATES, P.A.</div>			
<div>Principal Place of Business</div> <div>5440 MARINER DRIVE, SUITE 200</div> <div>TAMPA FL 33609-3414</div>		<div>Mailing Address</div> <div>5440 MARINER DRIVE, SUITE 200</div> <div>TAMPA FL 33609-3414</div>	
<div>2. Principal Place of Business</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>ZipCountry</div>		<div>3. Mailing Address</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>ZipCountry</div>	
<div>6. Name and Address of Current Registered Agent</div> <div>REINEKE, BETH</div> <div>5440 MARINER DRIVE, SUITE 200</div> <div>TAMPA FL 33609-3414</div> <div>Name</div> <div>Street Address ()</div> <div>City</div>			
<div>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</div> <div>SIGNATURE</div> <div>Signature, typed or printed name of registered agent and title if applicable</div> <div>(NOTE: Registered Agent signature required)</div>			
<div>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</div> <div>(See criteria on back)</div> <div></div>		<div>FILE NOW!!! FEE IS \$150.00</div> <div>After MAY 1, 2000 Fee will be \$550.00</div> <div>Make Check Payable to Department of State</div>	
<div>11. OFFICERS AND DIRECTORS</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>PSTD</div> <div>REINEKE, BETH G</div> <div>5440 MARINER DRIVE, SUITE 200</div> <div>TAMPA FL 33609-3414</div> <div>Delete</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>Delete</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>Delete</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>Delete</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>Delete</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>Delete</div>			
<div>12.</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>			
<div>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.</div> <div>SIGNATURE:</div> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 4/4/00 Daytime Phone # (813) 289-5521

CR2E034 (9/99)