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Mar 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000052731 (2)

1. Corporation Name

REASS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1208 W. NEWPORT CENTER CIRCLE SUITE 202 DEERFIELD BEACH FL 33442		Mailing Address 1208 W. NEWPORT CENTER CIRCLE SUITE 202 DEERFIELD BEACH FL 33442	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
QUELETTE, KEITH 1208 W. NEWPORT CENTER CIRCLE SUITE 202 DEERFIELD BEACH FL 33442		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.		DATE Feb 23, 1998	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	
NAME	DA SILVA, RICHAR G	1.2 NAME	
STREET ADDRESS	1208 WEST NEWPORT CTR DR, STE. 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	PRESIDENT
NAME		2.2 NAME	Jean-Claude Chelhaie
STREET ADDRESS		2.3 STREET ADDRESS	1208 W. NEWPORT CENTER DR, STE 202
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE		3.1 TITLE	VICE-PRESIDENT
NAME		3.2 NAME	RONALD A. SWARTOUT
STREET ADDRESS		3.3 STREET ADDRESS	1208 W. NEWPORT CENTER DR, STE 202
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	LLOYD GRANT
STREET ADDRESS		4.3 STREET ADDRESS	1208 W. NEWPORT CENTER DR, STE 202
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE:

*[Signature]*

3/2/98 954-421-4076

CP2E034 (1097)