


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90018 022 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000052731 1. Corporation Name REASS CORPORATION			
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	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/20/1996		4. FEI Number 65-0727463	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent QUELETTE, KEITH 1208 W. NEWPORT CENTER CIRCLE SUITE 202 DEERFIELD BEACH FL 33442		10. Name and Address of New Registered Agent 81 Name SHELDON J. BURNETT 82 Street Address (P.O. Box Number is Not Acceptable) 367 ALHAMBRA CIRCLE 83 84 City CORAL GABLES FL 33134	
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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE 4/16/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS <input checked="" type="checkbox"/> DELETE NAME DA SILVA, RICHAR G STREET ADDRESS 1208 WEST NEWPORT CTR DR, STE. 201 CITY-ST-ZIP DEERFIELD BEACH FL	1.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME SHELDON J. BURNETT 1.3 STREET ADDRESS 367 ALHAMBRA CIRCLE 1.4 CITY-ST-ZIP CORAL GABLES, FL 33134-5003	2.1 TITLE CHALHOUN (SPelling only) <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME CHALHOUN 2.3 STREET ADDRESS CHALHOUN 2.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE NAME CHARLHARD, JEAN CLAUDE STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 CITY-ST-ZIP DEERFIELD BCH FL 33442	3.1 TITLE VP <input type="checkbox"/> DELETE 3.2 NAME SWARTOUT, RONALD A 3.3 STREET ADDRESS 1208 N NEW PORT CENTER DR STE 202 3.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	3.1 TITLE VP <input type="checkbox"/> DELETE 3.2 NAME SWARTOUT, RONALD A 3.3 STREET ADDRESS 1208 N NEW PORT CENTER DR STE 202 3.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE S <input checked="" type="checkbox"/> DELETE NAME GRANET, LLOYD STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 CITY-ST-ZIP DEERFIELD BCH FL 33442	4.1 TITLE S <input type="checkbox"/> DELETE 4.2 NAME GRANET, LLOYD 4.3 STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 4.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	4.1 TITLE S <input type="checkbox"/> DELETE 4.2 NAME GRANET, LLOYD 4.3 STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 4.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE S <input type="checkbox"/> DELETE NAME GRANET, LLOYD STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 CITY-ST-ZIP DEERFIELD BCH FL 33442	5.1 TITLE S <input type="checkbox"/> DELETE 5.2 NAME GRANET, LLOYD 5.3 STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 5.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	5.1 TITLE S <input type="checkbox"/> DELETE 5.2 NAME GRANET, LLOYD 5.3 STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 5.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE S <input type="checkbox"/> DELETE NAME GRANET, LLOYD STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 CITY-ST-ZIP DEERFIELD BCH FL 33442	6.1 TITLE S <input type="checkbox"/> DELETE 6.2 NAME GRANET, LLOYD 6.3 STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 6.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	6.1 TITLE S <input type="checkbox"/> DELETE 6.2 NAME GRANET, LLOYD 6.3 STREET ADDRESS 1208 W NEW PORT CENTER DR STE 202 6.4 CITY-ST-ZIP DEERFIELD BCH FL 33442	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

3-29-99

(954) 421-4076

CR2E034 (11/98)