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**

DOCUMENT # **P96000053173**1. Corporation Name

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90155 020 ***150.00

REGIN, INC.							
Principal Place of Business Mailing Address							
107 FREE COURT . 107 FREE COURT							
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952					DO NOT WRITE IN THI	S SPACE	
,					3. Date incorporated or Qualifed		
					06/21/1996	-	Ì
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Appl	ied For
21	•	26			65-0679408	Not	Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt.		pt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22	27				5. Certificate of Status Session	Fee Req	uired _
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		⊒No I
24	25		30		Personal Property Tax.		1110
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
HIG	ER, RENNOID J.		"				
107 FREE CT			82	Street Add	iress (P.O. Box Number is Not Acceptable)		
PORT CHARLOTTE FL 33952			83				
]	TOTALEOTTE TE OSOSE		03				
			84	City	F	85 Zip Co	ode
11 Durewant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s the abov	e-named cor	poration submits this statement for the nurnose	of changing its re	egistered
l office or n	onictored agent or both in the State	ant Florida. Such change was at	ithorized hv	the corporat	tion's board of directors. I hereby accept the app	ointment as regi	stered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes	3 .	,		[
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered Age	nt signature requi	red when reinstating) DATE		— Ì
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	S IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition \
NAME	LUGER, RENNOLD J		1.2 NAME				
STREET ADDRESS	107 FREE COURT		1.3 STREE	T ADDRESS	•		}
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-5	ST-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	LUGER, VIRGINIA S		2.2 NAME	ľ			
STREET ADDRESS	107 FREE COURT		2.3 STREE	TADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		- 2.4 CITY-	ST-ZIP			
TITLE	•	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	~~,		3.2 NAME				
STREET ADDRESS	•		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. СПҮ-	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS		,	
CITY-ST-ZIP			4.4 CITY+5	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			i i	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			T A station or
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		•	6.2 NAME				[
STREET ADORESS	,			T ADDRESS			Ī
CITY-ST-ZIP			6.4 CfTY-5	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, with all other like empowered.

SIGNATURE: