FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600068922 (9)

REINHARDT CONSULTANTS, INC.

appears in Block 12 or Block 13

SIGNATURE:

Principal Place	of Business	Mailing Address 14348 S.W. 115TH TERRACE				- I IBBIIDDI ŞIB IBIŞB BIDIR BÜŞIR BOLIL ODL	- I IBBIIADI IID IBIBI DIIII DOUI BOIL BOIL GOIN DOUG OND IBIIO IBIB HAND HOF IDAL			
14348 S.W. 115										
MIAMI FL 3318	• • • • • • •	MIAMI FL 33186-7030								
						3. Date Incorporated or Qualified	3a Da	te of Last Re	enort	
						08/19/1996	Ju. Da	E OI LUST IN	орон	
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number	_1	Ap	plied For	
21		26				65-0689447)	No	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22		27						Fee Re		
City & State	9	City & State				6. Election Campaign Financing		\$5.00		
7.00	Country	28	1 60	untry		Trust Fund Contribution		t bebbA		
Zφ	25 Country	29	30	unuy		This corporation has liability for Florida Statutes		tax unger s. TNo	. 199.032,	
24	9. Name and Address of Current		[30]	Ţ		10. Name and Address of New Re			*	
REIN	NHARDT, EILEEN C			81	Name					
	48 S.W. 115TH TERRACE		82 Street Add			ddress (P.O. Box Number is Not Acceptat	nte)			
	MI FL 33187		62 Street Au			duless (1.0. box 110/1100/15 110/2000)	<i></i>			
		•		83						
				84	City		FL	85 Zip (Code	
11 Purcunst t	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	ites the	ahove	-named c	corporation submits this statement for the	ourpose of	changing it	ts registered	
office or re	egistered agent, or both, in the State.	of Florida. Such change was	: authorize	ed by	the corpo	oration's board of directors. I hereby acce	pt the app	ointment as	registered	
_	m familiar with, and accept the obliga	tions of, Section 607.0505, h	-iorida Ste	atutes						
SIGNATURE	Signature, typed or printed name of registered age:	nt and title it applicable. (NC	OTE Register	ed Age	nt signature re	equired when reinstating)	DATE			
12.	OFFICERS AND) DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	
TILLE	PVST	☐ DELETE	1.1	TITLE				Change	Addition	
NAME	REINHARDT, EILEEN C		1.21	NAME						
STREET ADDRESS	14348 S.W. 115TH TERRACE		1.3	STREET	ADDRESS					
CITY - ST - 7IP	MIAMI FL 33187	000000		CITY-S	T-ZIP			Ohanan	14486	
THILE	DEINIMADOT EILEEM C	[_] DELETE		TITLE				Change	Addition	
NAME {	REINHARDT, EILEEN C 14348 S.W. 115TH TERRACE			NAME						
STHEET ADDRESS	MIAMI FL 33187				ADDRESS				İ	
CITY+S1-ZIP TITLE	mpani i E 00107	☐ DELETE		CITY-S	51-292		 	Change	Addition	
NAME			1	NAME						
STREET ADORESS					ADDRESS					
City-S1-ZiP				CITY-S						
TITLE	AMELIEN TOTAL TOTA	☐ DELETE		TITLE	<u>-</u>		•	Change	Addition	
NAME			4. 2	NAME						
STREET ADORESS			43	STREET	ADDRESS					
CHY-ST-ZIP			4.4	CITY-S	Y-ZIP			- 		
TULE		☐ DELETE	5.1	TITLE				Change	Addition	
NAME				NAME						
STREET ADDRESS			- 1		ADDRESS					
CITY - S1 - 712	,	☐ DELETE		CITY-S	T-ZIP			Change	Addition	
THLE				TITLE				LI CHANGE	L_J Kaaliaan	
NAME CHOCK ASSESSED				NAME OTOCET	ADODECC					
STREET ADDRESS					ADORESS					
OffY-ST-ZIP	by certify that the information supplier	d with this filing does not aux	alify for th	CITY-S e exe	motion sta	ated in Section 119.07(3)(i), Florida Statute	as. I further	certify that	the	
informatio	mindicated on this appual report or s	unalemental annual report is	s true and	Lacci	rate and t	that my signature shall have the same leg aport as required by Chapter 607, Florida	al effect as	if made un	nder nath: that	