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

PROFIT CORPORATION ANNUAL REPORT 1998

NAME

STREET ADDRESS

CITY-ST-DP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Feb 06 1998 8:00am

Secretary of State

DOCUMENT # P96000068922 (9)

REINHA	ARDT CONSULTANTS, IN	C.									<u> </u>
Principal Place of Business Mailing Address							$\dashv$				
14348 S.W. 115TH TERRACE 14348 S.W. 115TH TERRACE						ĺ					
MIAMI FL 33187 MIAMI FL 33187						- 1	DO NOT WOITE	TI 110 OD			
							-	DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SPA	YČE	
								08/19/1996			
2. Principal F	Place of Business	2a	. Mailing Address					4. FEI Number		- Ar	plied For
21		26	•				i	65-0689447		<del></del>	t Applicable
Suite, Apt.	#, elc.		Suite, Apt. #, etc.				-	5. Certificate of Status Desired	П	T	Additional
22		27					_	or Cerphoate of Clarco Desired	<u> </u>	Fee Re	equired
City & Stat	е		City & State					6. Election Campaign Financing		\$5.00	
Zip	Country	28	Zip		untr			Trust Fund Contribution	<u> </u>	Added 1	
24	25	29	2.10	30	A IL	,	ł	<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>			angible
==1	9. Name and Address of Cur		itered Agent	1001	T			10. Name and Address of New Reg	<del></del>		
REI	NHARDT, EILEEN C				81	l Name					
14348 S.W. 115TH TERRACE					82 Street Addre			(P.O. Box Number is Not Acceptable	e)	<del></del>	<del></del>
MIAMI FL 33187											
					83	3		•			İ
					84	City				85 Zip (	Code
11 Guranant	to the graviolene of Sections 607.0	2502 and 5	07 1509 Elected State	itas tho	Dip OI	io namad sa	rooro	tion culturality this statement for the pu	FL	anging it	n registered
office or r	egistered agent, or both, in the St	ate of Flori	da. Such change was	authorize	ed b	by the corpora	ration	ation submits this statement for the push s board of directors. I hereby accept	t the appoin	itment as	registered
	im familiar with, and accept the or	oligations o	it, Section 607.0505, F	-iorida Sta	atute	es.					}
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable. (NO	TE: Register	ed Ac	ent signature requ	quired w	hen reinstating)	DATE		
12.	OFFICERS A	AND DIRE		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR	
TITLE	PVST		DELETE	1,1 ]	TITLE	1			Ĺ.	Change	Addition
NAME	reinhardt, eileen c			1.2 7	NAME						1
STREET ADDRESS	14348 S.W. 115TH TERRAC	Œ				T ADDRESS					
CITY-SI-ZP	MIAMI FL 33187		DELETE			ST-ZIP				Change	Addition
TITLE NAME	DEINHARDT EILEEN C		f hôrese		TITLE Name				_	Louange	TT MODITION
STREET ADDRESS	REINHARDT, EILEEN C 14348 S.W. 115TH TERRAC	`=				T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33187	<i>,</i> _		- 6		-ST-ZIP					
TITLE	Marion 1 E CO 101		DELETE		TITLE	01-23				Change	Addition
NAME			_	1	NAME	1				-	_
STREET ADDRESS				3.3 9	STREE	T ADDRESS					1
CITY-ST-ZIP			_	3.4.	CITY-	-ST-ZIP					_
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NAME				4. 2	NAME	:					- 1
STREET ADDRESS				4.3 9	STREE	T ADDRESS					
CITY - ST - ZIP						ST-ZIP				05-	1 1 1 1 1 1 1 1 1
TITLE			☐ DELETE		TITLE				L	) Change	Addition
NAME					NAME	1					
STREET ADDRESS				- 1		T ADDRESS					
CITY-ST-ZIP	<del></del>		DELETE	5,4 t 6.1 T		ST-ZIP				Change	Addition
f 11700				■ V.		i					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 13 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP