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 # P9600076324 1. Corporation Name

REKOOB REAL ESTATE. INC.

MAITLAND FL 32751

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Principal Place of Business 1495 NORTH MAITLAND AVENUE

Country

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Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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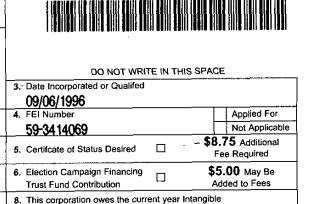
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1495 NORTH MAITLAND AVENUE MAITLAND FL 32751

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90174 002 ***150.00



Personal Property Tax.

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOOKER, LORI C Street Address (P.O. Box Number is Not Acceptable) 82 1495 NORTH MAITLAND AVENUE MAITLAND FL 32751 83 Zip Code 85 84 City

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.

Country

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SIGNATURE	_		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinstating)			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST DELETE	1.1 TITLE	Z Change ☐ Addition
NAME	LORI, BOOKER C	1.2 NAME	
STREET ADDRESS	1495 N. MAITLAND AVE	1.3 STREET ADDRESS	32751
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-SF-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADORESS	•
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ OELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	i	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	_	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 C/TY-ST-ZJP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 of 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 one attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

□No

☐ Yes