


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90130 045 \*\*\*150.00

3310373

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P96000082428**

1. Corporation Name  
**REED EXPORTS AND IMPORTS, INC.**

Principal Place of Business 5403 AVENUE SIMONE LUTZ FL 33549	Mailing Address 5403 AVENUE SIMONE LUTZ FL 33549
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>11053 N. SANTA FE STREET</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>JACKSONVILLE</b>
Zip 24	Country 25
Zip 29 <b>FL 32246</b>	Country 30

3. Date Incorporated or Qualified <b>10/07/1996</b>	Applied For Not Applicable
4. FEI Number <b>59-3403980</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**ROHATGI, JAY**  
**5403 AVENUE SIMONE**  
**LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name <b>ROHATGI JAY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11053 N. SANTA FE STREET</b>
83
84 City <b>JACKSONVILLE</b>
85 Zip Code <b>FL 32246</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHATGI, PATT L</b>	1.2 NAME	
STREET ADDRESS	<b>5403 AVENUE SIMONE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHATGI, SANTU</b>	2.2 NAME	
STREET ADDRESS	<b>5403 AVENUE SIMONE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHATGI, JAY</b>	3.2 NAME	
STREET ADDRESS	<b>5403 AVENUE SIMONE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 \_\_\_\_\_ Date: **04-22-99** Daytime Phone # \_\_\_\_\_

CR2E034 (1/1/98)