


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000099228 (4)					
1. Corporation Name DAVID H. REIMER, P.A.					
Principal Place of Business 1471 LANTANA CT FT LAUDERDALE FL 33326			Mailing Address 1471 LANTANA CT FT LAUDERDALE FL 33326-3607		
2. Principal Place of Business 21 15175 Eagle Nest Lane Suite, Apt. #, etc. 22 Suite 103 City & State 23 Miami Lakes FL Zip 24 33326 Country 25 USA		2a. Mailing Address 26 1471 Lantana Ct. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL Zip 29 33326 Country 30 USA		3. Date Incorporated or Qualified 12/09/1996 3a. Date of Last Report N/A 4. FEI Number 65-0713312 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent REIMER, DAVID H 1471 LANTANA CT FT LAUDERDALE FL 33326			10. Name and Address of New Registered Agent 81 Name DAVID H. Reimer 82 Street Address (P.O. Box Number is Not Acceptable) 15175 Eagle Nest Lane 83 Suite 103 84 City Miami Lakes FL 85 Zip Code 33326		
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 David H. Reimer DAVID H. REIMER 4/30/96 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME REIMER, DAVID H STREET ADDRESS 1471 LANTANA CT CITY-ST-ZIP FT LAUDERDALE FL 33326			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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. SIGNATURE: David H. Reimer DAVID H. REIMER 4/30/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6088833					

CR2E034 (9/96)