

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90023 023 ***150.00

DOCUMENT # P96000099228

1. Corporation Name

DAVID H. REIMER, P.A.

Principal Place of Business

15175 EAGLE NEST LANE
101
MIAMI LAKES FL 33014
US

Mailing Address

1471 LANTANA CT
FT LAUDERDALE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

65-0713312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3801 Hollywood Blvd.

Suite, Apt. #, etc.

22 Suite 350

City & State

23 Hollywood FL

Zip

24 33021

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

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City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

REIMER, DAVID H.
15175 EAGLE NEST LANE
STE 101
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DAVID H. REIMER

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME REIMER, DAVID H

STREET ADDRESS 1471 LANTANA CT

CITY-STATE-ZIP FT LAUDERDALE FL 33326

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99

(954) 693-9800

CR2E034 (1/98)

0307393