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## PROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000016774

1. Corporation Name REITER EUTERPRISES OF WEAR SPRINGS

FILED
Jun 01 1998 8:00am
Secretary of State
Incorporated or Qualified 3a, Date of Last Report

-			•				
Principal Place	of Business	Malling Address		-			
				3. Date incorporated or Qu	ualified 3a. Date of	Last Repor	rt
2. Principal Place of Business 2a. Malling Address				4. FEI Number 65-0739	721/		lied For
21 450 Suite, Apl. #,	N PARK RUAD	26 450 N PAR	<u>e ko</u>	65-0739	<u> </u>		Applicable Additional
22	410	27 410		5. Certificate of Status De	sired	•	equired
City & State	111/6/des E1	City & State 28 14) / / / / / / / / / / / / / / / / / / /	) E1	6. Election Campaign Fin	·	\$5.00	
710	LYWOOD FL.	Zip	Country	Trust Fund Contribution 8. This corporation has lia		Added 1 x under s.	
330		29 3 3002 / 30	USA	Florida Statutes	Yes No		
<del></del>	9. Name and Address of Curre		B1 Name I	10. Name and Address of	New Registered Age	ent	
BEL	ZER, BARBARA VI				<u>ustowite</u>		
clo H	RHAN HOSKOWITT	C.P. A. P.A.	82 Street Addr	ess (P.O. Box Numbér is Not	Acceptable)	1	
451	NORTH PACK R	PAD # UIN	83 45	o Node	1218 B	360	#410
HOLLYWOOD, FL 33021			B4 City	100110	FI	85 Zip C	
	<u> </u>		The !	(MADE)	FL	<u> </u>	<u> ३८२।</u>
office or regi	istered agent, or both, in the State	2 and 607.1508, Florida Statutes, t of Florida, Such change was autho	ized by the corporation	ecentral submits this statement of blippolors. I herei	ni for the purpose of i by accept the appoint	cnanging it ment as re	s regisiered igistered
agent. I am i	familiar with, and accept the obliga	ations Section 607.0505, Forlda	Statutes.	\  \  \	5-14	_	
SIGNATURE_	Signature, typed or printed name of reg	stered agent and title if applicable.	(NOTE: Registered A	gent signature required when reli	nstating) DA	TE	
2.	OFFICERS /	AND DIRECTORS	13.	ADDIVIONS/CHANGES		DIRECTO	RS IN 12
ITLE	PD BARBARA V. BELZA	GR. DELETE	1.1 TITLE	15	Ch	ange (	Addition
IAME Treet address	450 NORTH PARK	RD., #410	1.2 NAME 1.3 STREET ADDRESS				
ΠY-ST-ZIP	HOLLYWOOD, FL	33001	1.4 CITY - ST - ZIP				
TLE	/	DELETE	2.1 TITLE		Ch	ange	Addition
AME			2.2 NAME	ľ			_
TREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP				
TLE		DELETE	3.1 TITLE		Псы	ange	Addition
AME	1	Deceie	3.2 NAME		L] CIII	ani <b>yo</b> [	
TREET ADDRESS			3.3 STREET ADDRESS				
ITY - ST - ZIP			3.4 CITY - ST - ZIP		<del></del>	<del></del>	
IILE IAME		DELETE	4.2 NAME	]	<b>□</b> 9¶	ange [	Addition
TREET ADDRESS			4.3 STREET ADDRESS		< <u> </u>	7/1/	/ /
TY-ST-ZIP			4.4 CITY - ST - ZIP		K	<u> 101</u>	
TLE		DELETE	5.1 TITLE		☐ Chi	ange	Addition
AME Treet address			5.2 NAME 5.3 STREET ADDRESS		_	- '	_ <del>-</del>
ITY - ST - ZIP	1		5.4 CITY - ST - ZIP	1			
	<del> </del>		6.1 TITLE	40000	125485	14	
IILE		1 "7					
ITLE		DELETE	6.2 NAME	-06/02/9	1801014(	3m <b>3</b> 00 . [	Addition
		DELETE	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	-06/02/9 ***150.0	12 <b>54</b> 3 8-0101 <b>4</b> -( 0	)34 	Addition

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 Blook 12 or Blook 13 if Changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Date

Daytime Phone #