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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90027 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000064305**

1. Corporation Name  
**RE\*UZ\*IT, INC.**



Principal Place of Business <b>12710 STARKEY ROAD LARGO FL 33773</b>	Mailing Address <b>12710 STARKEY ROAD LARGO FL 33773</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>11311 Starkey Rd</b>		2a. Mailing Address 26 <b>11311 Starkey Rd</b>		3. Date Incorporated or Qualified <b>07/24/1997</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3460104</b>	
City & State 23 <b>Largo FL</b>		City & State 28 <b>Largo FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	
Zip 24 <b>33773</b>		Zip 29 <b>33773</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRESTON, JOYCE  
12710 STARKEY ROAD  
LARGO FL 33773**

10. Name and Address of New Registered Agent

81 Name <b>Foster, Lynda</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11311 Starkey Rd</b>
83
84 City <b>Largo</b>
85 State <b>FL</b>
86 Zip Code <b>33773</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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-31-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FOSTER, LYNDIA 6112-108TH AVENUE N. PINELLAS PARK FL 33782</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DPS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD YANACHECK, JAMES 2200 GLADYS ST. #3006 LARGO FL 33774</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PRESTON, JOYCE 154-174TH TERR. DR. #2 REDINGTON SHORES FL 33708</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PRESTON, KIM 2200 GLADYS ST. #3006 LARGO FL 33774</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

**Lynda Foster**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-31-99**

**727 3193663**

CR2E034 (1/1/98)