**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071516 (3)

REINVET INCORPORATED

Principal Place of Business

SIGNATURE:

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 400

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## FILED Apr 01 1998 8:00am Secretary of State

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**BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For tak Ko 7 State Ro 19635-53 19635-53 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Boc A 6. Election Campaign Financing \$5.00 May Be Katur Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARELLEK, STEVEN AWRENCE 7000 WEST PALMETTO PARK ROAD SUITE 400 **BOCA RATON FL 33433** 83 Zip Code 33 4 98 84 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 obtigations of, Section 607.0505, Florida Statutes. AWRENCE MARCH 23 1998 REC. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE RESIDEM 1.2 NAME NAME 9to Siocean DR# STREET ADDRESS 1.3 STREET ADDRESS 33009 HICKMOAZE CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE SECRETARY ☐ Change 1 Addition 2.1 TITLE TITLE LAWRENCE NAME 2.2 NAME 145,58 11A 2.3 STREET ADDRESS STREET ADDRESS 33441 2. 4 CITY - ST - ZIP CITY-S1-ZIP Change Addition ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIF CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change ☐ Ad ··· DELETE TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - ST - ZIP 14. Thereby 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 inform 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.