SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

000779B

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 29 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000099229 (1)**

1. Corporation Name
REUNION RESEARCH CORPORATION

Principal Place of Business
2031 E PAUL DIRAC DRIVE. SUITE 117
TALLAHASSEE FL 32310

Mailing Address
2031 E PAUL DIRAC DRIVE. SUITE 117
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified
11/21/1997

4. FEI Number
59-3484699
[ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
NOVAK, GEORGE
2031 E PAUL DIRAC DRIVE, SUITE 117
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/TREASURER [ ] DELETE
NAME	GEORGE J. NOVAK
STREET ADDRESS	1402 SHALLOW BROOK, APT 1
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	VP/DIRECTOR [ ] DELETE
NAME	CHARLES J. HOHNE
STREET ADDRESS	2809 SWEETBRIAR DR.
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	SECRETARY [ ] DELETE
NAME	MAURY HAGTVEDT
STREET ADDRESS	3514 OFFALY CT
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	DIRECTOR [ ] DELETE
NAME	CHET SHINAMAN
STREET ADDRESS	19201 VISTA LANE, B-1
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	J. TERRY GALLAHAR [ ] DELETE
NAME	DIRECTOR
STREET ADDRESS	207 ARDEA WAY
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	DIRECTOR [ ] DELETE
NAME	SUSAN C. GALLAHAR
STREET ADDRESS	207 ARDEA WAY
CITY-ST-ZIP	TALLAHASSEE FL 32312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****550.00 ****550.00

CR2E034 (5/98)

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.

SIGNATURE: _____ 9-28-98 _____