


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90018 008 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000099229</b>					
1. Corporation Name <b>REUNION RESEARCH CORPORATION</b>					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/21/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3484899</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>NOVAK, GEORGE</b> <b>2031 E PAUL DIRAC DRIVE, SUITE 117</b> <b>TALLAHASSEE FL 32310</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			<b>FL</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PT	<input type="checkbox"/> DELETE			
NAME	<b>NOVAK, GEORGE J</b>				
STREET ADDRESS	<b>1402 SHALLOW BROOK, APT 1</b>				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	<b>HOHNE, CHARLES J</b>				
STREET ADDRESS	<b>2809 SWEETBRIAR DRIVE</b>				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	<b>HAGERMAN, MAURY</b>				
STREET ADDRESS	<b>3519 OFFALY CT</b>				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>SHINAMAN, CHET</b>				
STREET ADDRESS	<b>19201 VISTA LANE, B-1</b>				
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>GALLAHAR, J. TERRY</b>				
STREET ADDRESS	<b>207 ARDEA WAY</b>				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>GALLAHAR, SUSAN C</b>				
STREET ADDRESS	<b>207 ARDEA WAY</b>				
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99 576-8555

Date Daytime Phone #

CR2E034 (1/98)