

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000109127

1. Corporation Name

REKSAL CORPORATION

Principal Place of Business

186 COMMODORE DRIVE
JUPITER FL 33477

Mailing Address

186 COMMODORE DRIVE
JUPITER FL 33477

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22

26 Suite, Apt. #, etc.

City & State

23

27 City & State

Zip

24

28 Zip

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

KATZ, MURRAY L
186 COMMODORE DRIVE
JUPITER FL 33477

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MURRAY L		1.2 NAME
STREET ADDRESS	186 COMMODORE DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, HARRIET L		2.2 NAME
STREET ADDRESS	186 COMMODORE DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	JUPITER FL 33477		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, N. STEVEN		3.2 NAME
STREET ADDRESS	9905 EAST SANSALVADORE DR.		3.3 STREET ADDRESS
CITY-ST-ZIP	SCOTDALE AZ 85258		3.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ALAN L		4.2 NAME
STREET ADDRESS	9905 EAST SANSALVADORE DR.		4.3 STREET ADDRESS
CITY-ST-ZIP	SCOTDALE AZ 85258		4.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, JOCELYN		5.2 NAME
STREET ADDRESS	4113 COOPERFIELD DR.		5.3 STREET ADDRESS
CITY-ST-ZIP	HARRISBURG PA 17112		5.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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:

SKYLER F. REQUIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 56-745-8441

Daytime Phone #

0357910

CR2E034 (11/98)