SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	A SO WE THE	DIVISION OF CORPORATIONS
DOCUMENT # P 1. Corporation Name REXFORD, INC.	98000045	338
Principal Place of Business	Maili	ng Address
1119 7TH AVE)X 650099

FILED Aug 31, 1999 8:00 am Secretary of State

08-31-1999 90005 029 ***558.75

				····			
Principal Plac	e of Business	Mailing Address					
1119 7TH AVE VERO BEACH F	PO BOX 650099 VERO BEACH FL 32965		DO NOT WRITE IN THIS SPACE				
ļ					Do NOT WRI Date Incorporated or Qualified		\neg
					05/18/1998	4.4	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 453	OPDIXIG HON	26			59-3514294	Not Applicable	е
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	Beach Florida	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curr	ent year	ヿ
24 3296	0 25 USA	29	30		Intangible Personal Property.	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent	
				81 Name	Jonathan Rexford		
i	FORD, JOHN				ddress (P.O. Box Number is Not Accepta	ible)	\dashv
1	28TH AVE			122	028 Thave		
VER	O BEACH FL 32960			83			
1				84 City		85 Zip Code	\dashv
				1000	Beach	FL 32960	
11. Pursuan	t to the provisions of sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-named co	proporation submits this statement for the properties a board of directors. I becarby account	urpose of changing its registered	
agent.	registered agent, or both, in the State am familiar with any accept the offliga	tions of, section 607.0505, Fl	aumonzei Arida Stat	utes.	ration's board of directors. I hereby accept	Title appointment as registered	
SIGNATURE	Jonathan Kit	of Presiden	ス		<i>_O</i>	-25-99	
L.	Signature, typed or printed name of registered agent			red Agent signature	e required when reinstating)	FICERS AND DIRECTORS IN 12	⊣ ଛି
12.	OFFICERS ANI		13.	ne T	D		CR2E034 (5/99)
	REXFORD, JOHN	DELETE	1.2 NA	LEC.	Jonathan Rexform	d E Change Additio	" ¤
NAME	1220 28TH AVE			REET ADDRESS	1224 28 + 442		
STREET ADDRESS	VERO BEACH FL 32960			TY-ST-ZIP	vero Beach, FL 32	960	1 22
CITY-ST-ZIP	VERO BEACTITE 32300	DELETE	2.1 TI		0010 1024011 1 - 02	Change Additio	, -
NAME		☐ nere ie	2.2 NA			Criange Addition	"
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	3.1 TI			Change Additio	on I
NAME			3.2 NA	ME			1
STREET ADDRESS	1		3.3 ST	REET ADDRESS			
CITY-ST-ZIP	1			TY-ST-ZIP			
TITLE		DELETE	4.1 TI			Change Additio	<u></u>
NAME			4.2 NA	ME			
STREET ADDRESS	}		4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			_
TITLE		DELETE	5.1 TI	TLE		Change Addition	n
NAME		_	5.2 NA	ME			
STREET ADDRESS	Ì		5.3 ST	REET ADDRESS			ļ
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			_
TITLE		DELETE	6.1 TI	TLE		Change Additio	n [

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-Z(P