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03-26-1999 90028 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000077929

1. Corporation Name REEL EXACT SERVICES, INC.

Principal Place of Business 118 W 122 AVE TAMPA FL 33612

Mailing Address 118 W 122 AVE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3529069

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, G F II 118 W 122 AVE TAMPA FL 33612

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] 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 NAME REILLY, G F II STREET ADDRESS 118 W 122 AVE CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change Addition

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] DATE: 3/24/99 (813) 930-6686

CR2E034 (1/198)