

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  
**1999**



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

DOCUMENT # **P98000101052**

1. Corporation Name

**R.E.G. NETS, INC.**

Principal Place of Business

**46 N. WASHINGTON BLVD. #1  
SARASOTA FL 34236**

Mailing Address

**46 N. WASHINGTON BLVD. #1  
SARASOTA FL 34236**

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90003 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1998**

4. FEI Number

**65-0880157**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 429 NORTH LIME AVE.**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22**

City & State

**23 SARASOTA FL**

Zip

**24 34236**

Country

**25**

City & State

**27**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**WEINER, NEVIN A  
46 N. WASHINGTON BLVD. #1  
SARASOTA FL 34236**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **WEINER, NEVIN A**

STREET ADDRESS **46 N. WASHINGTON BLVD. #1**

CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE **D/P** ☒ Change ☐ Addition

2.2 NAME **STENGER, HARRY**

2.3 STREET ADDRESS **4917 32nd STREET EAST**

2.4 CITY-ST-ZIP **BRADENTON FL 34203**

3.1 TITLE **D/VP** ☒ Change ☐ Addition

3.2 NAME **STENGER, VINCENT**

3.3 STREET ADDRESS **1703 LITTLE POINT CIRCLE**

3.4 CITY-ST-ZIP **SARASOTA FL 34231**

4.1 TITLE **D/S/T** ☒ Change ☐ Addition

4.2 NAME **STENGER, ANNE**

4.3 STREET ADDRESS **1703 LITTLE POINT CIRCLE**

4.4 CITY-ST-ZIP **SARASOTA FL 34231**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ 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.

SIGNATURE

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/99 (941) 955-2440**

Date

Daytime Phone #

CR2E034 (5/99)

# THE TROPHY SHOPPE

"Sarasota's Largest"

590147-90003-3  
P98000101052

The Trophy Shoppe doesn't just sell Trophies. We have a 1500 square foot showroom filled with gift items that can be personalized for each customer. Our product lines include:

- Crystal
- Name tags
- Pewter Gifts
- Plastic signs
- Custom engraving
- Architectural signs
- Laminated plaques
- Clocks
- Desk sets
- Trophies & Awards
- Certificates
- Name plates
- Executive gifts
- Bronze plaques
- Ribbons & Medals
- Advertising Specialties Items
- Plaques
- Medical ID Bracelets
- Metal & Plastic Letters

• • • • Custom Engraved Logos • • • •

July 13, 1999

Division of Corporations  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: Document #: P98000101052  
Corporation Name: R.E.G. NETS, Inc.  
FEI Number: 65-0880157

To Whom It May Concern:

Please find enclosed our check number 1879, in the amount of \$150.00, for the 1999 Corporation Annual Report filing.

We are a new corporation as of December 1998 and did not receive the first notice for payment.

Please do not hesitate to call if I can be of further assistance.

Sincerely,



Harry Stenger, President

HS/tr

Enclosures