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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S63952**

Corporation Name

R.E./J.M. BUILDING & INVESTMENT, INC.

Principal P ace of Business Mailing Address					I INDIANO ILLA GILLEN TENEN ENCON DICTURA IL	IIBIL DIBIL DIBIL BIBIL	MINIT NINTE INCI	
8765 AIRWAY		P.O. BOX 1589	SUNSET BEACH CA 90742					
NEW PUHI RI	CHEY FL 34654	US				DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						07/03/1991		
Principal Place of Business     2a. Mailing Address						4. FEI Number	A	priled For
21 26						59-3083049	1	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		A iditional
22		27						Required
City & Sta	te		City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		tc Fees
Zip —			- — Country				ar ntangible- ☐ Yes	I <b>X</b> No
24	9. Name and Address of Curre	29 29	30			Persor al Property Tax.  10. Name and Address of New Registr		
	- Name and Address of Cure	ur veðisraran viðeur		81	Name	Italia and modicos of Hew Itegiot		
MOI	rris, robert e. J.		'					
% WALLER & MITCHELL LAW OFFICES				82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
533	2 MAIN STREET		ŀ	83				
NEV	V PORT RICHEY FL 34652						— <del>————</del> —	
				84	City		FI 85 Zip	Code
SIGNATURE Signature, typed or printed nar he of registered agent, and title if applicable. (NOT)  12. OFFICERS AND DIRECTORS			: Registered	Agen	t signature requ	red when reinstating) DA' ADDITIC NS/CHANGES TO OFFICER		OF S IN 12
TITLE	T P	☐ DELETE	10.10				☐ Change	
NAME	MORRIS, ROBERT E.J.		12 NAME					
STREET ADDRESS	COOR LIVER OFFICE			REET	ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			TY-\$1	r-zip			
TITLE		☐ DELETE	2.1 TIT				Change	Addition
NAME				22 NAME				
STREET ADDRESS	6		2.3 ST	REET	ADDRESS			i
CITY-ST-ZIP			2 4 C	TY-S	T- ZIP			
TITLE		☐ DELETE	3.1 TIT	LE			Change	Addition
NAME	1		3.2 NA	ME	1			
STREET ADDRESS	6		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP -		<del></del>	3.4. CI		T-ZIP			
TITLE		☐ DELETE	4.1 TIT				i Change	Addition
NAME			4 2 N					
STREET ADDRES	6		1		ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CI		r-zip		☐ Change	Addition
TITLE			5.1 TIT 5.2 NA					
NAME			1		ADDRESS			
STREET ADDRES	3		5.4 CI					
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	6.1 TII				Change	Addition
	1							
			6.2 NA	ME			13	
NAME STREET ADDRES:	1		1		ADDRESS		<u> </u>	

14. I hereby certify that the information supplied with this filling 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 uncer exact; that I a n 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 n y name appears in Block 12 or Block 13 if changed, or optim attachment, with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: