Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90098 038 \*\*\*150.00

## 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 # \$67695**

THE REUNION NETWORK, INC.						1 18011940 11R 01111 18010 01116 181	k <b>a</b> n <b>a</b> kin anama	iki dedik Ordin d	1811 81811 1881	
	,									
Principal Place	e of Business	Mailing Address			$\neg \neg$	1 100511013 110 91111 10310 0111 <del>3</del> 101			1811 B1811 1881	
2450 HOLLYWOOD BLVD #301										
HOLETHOOD	£ 30020	TIOLET WOOD TE VICE				DO NOT WRIT	E IN THIS	SPACE		
,			•			3. Date Incorporated or Qualifed 07/18/1991				
Principal Place of Business     2a. Mailing Address						4. FEI Number		App	olied For	
21 26						65-0272 <u>6</u> 89			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 27			<u>.                                    </u>			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	□·::	- \$5.00 Added to		
Zip	Zip Country Zip C			Country		8. This corporation owes the curre	ent year Inta	ngible	.,	
24	25	29 30	<u> </u>			Personal Property Tax.			<b>₩</b> No	
	9. Name and Address of Current	Registered Agent	81	r		10. Name and Address of New R	egistered A	\gent		
CDIEMAN DALII I				Name	me					
SPIEWAK, PAUL J. 500 THREE ISLANDS BLVD., #527				Street	Addres	s (P.O. Box Number is Not Accepta	ble)			
HALLANDALE FL 33009							<del></del>			
INTERIORE I E 00000				1					ì	
. *				City		FL 85 Zip Code				
office or t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was auth	onzea by	the corb	corpor oration	ation submits this statement for the 's board of directors. I hereby accep	purpose of o t the appoin	changing its itment as req	registered gistered	
SIGNATURE								· .		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis			tered Agent signature required when reinstating)			DATE ES TO OFFICERS AND DIRECTORS IN 12			
12.			13.		POF	SIPEUT	TOLKS AN	Change	Addition	
NAME	d Brooks, robert	~	1.2 NAME		ine	LI COLFINK	,	7	_	
STREET ADDRESS:	629 STANTON LANE	· ·		T ADORESS	500	O THREE (SCAUDS #	「セフ			
CITY-ST-ZIP			1.4 CITY-S	1.4 CITY-ST-ZIP		THANDALE FL ?	33 <i>0</i> 09			
TITLE			2.1 TTILE		<u> </u>			Change	☐ Addition	
NAME	SPIEWAK, PAUL 221		2.2 NAME							
STREET ADDRESS	500 THREE ISLANDS #527 23		2.3 STREE	T ADDRESS				٠	ŀ	
CTY-ST-ZIP			2. 4 CITY-ST-ZIP							
_TITLE;	V ==		3.1 TIFLE			7		Change	Addition	
NAME	I OPIC TIPINITAL			3.2 NAME				•		
STREET ADDRESS	REET ADDRESS 500 THILES (SLAND) AND THE			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP					☐ Change	Addition	
TITLE	<u> </u>		4.1 TITLE 4.2 NAME							
NAME	72.5			4.2 NAME 4.3 STREET ADDRESS		•			Ì	
				T-ZIP						
CITY-ST-ZIP	- (K-(MG)C		5.1 TITLE		<del> </del>			Change	Addition	
NAME			5.2 NAME						ļ	
			E 2 STDEE	TANNOCCE						

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 of 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 acdress, with all other like empowered.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition