

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S88836 (9)

1. Corporation Name

REHN ENTERPRISES, INC.



Principal Place of Business

**101 N "J" ST
LAKE WORTH FL 33460**

Mailing Address

**101 N "J" ST
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified
10/22/1991

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0300216

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WADDELL, JOHN B.
101 N "J" ST
LAKE WORTH FL 33460**

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 of person if the registered agent is not a corporation

(If/If Not Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	REHN, MARINA	
3. STREET ADDRESS	412 S PALMWAY	
4. CITY - ST - ZIP	LAKE WORTH FL	
1. TITLE	V	<input type="checkbox"/> DELETE
2. NAME	REHN, KAJ	
3. STREET ADDRESS	412 S PALMWAY	
4. CITY - ST - ZIP	LAKE WORTH FL	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Daytime Phone #

CR2E034 (12/95)