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Secretary of State

03-02-1999 90125 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S90497

1. Corporation Name  
RE-VEST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10022 W MCNAB RD  
STE A  
TAMARAC FL 33321  
US

Mailing Address

10022 W MCNAB RD  
STE A  
TAMARAC FL 33321  
US

3. Date Incorporated or Qualified

10/28/1991

4. FEI Number

65-0303736

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 Tax.

Yes No

2. Principal Place of Business

21 7405 NW 57th St

2a. Mailing Address

26 7405 NW 57th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tamarac, FL

City & State

28 Tamarac, FL

Zip Country

24 33319 25 US

Zip Country

29 33319 30 US

9. Name and Address of Current Registered Agent

TRUMBACH, IAN  
10022 W. MCNAB RD.  
\*\*\*\*\*  
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name Trumbach, IAN  
82 Street Address (P.O. Box Number is Not Acceptable) 7405 NW 57th St.  
83  
84 City Tamarac FL 85 Zip Code 33319

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for VP ORCUTT, LYNN and DPS TRUMBACH, IAN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for DPS Trumbach, IAN.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

954 722-3526

CR2E034 (11/98)