

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**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.**

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**

DO NOT WRITE IN THIS SPACE

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

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ORCUTT, LYNN	
STREET ADDRESS	660 N FIGTREE LN	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	TRUMBACH, IAN	
STREET ADDRESS	10022 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DPS
2.3 STREET ADDRESS	Trumbach, IAN
2.4 CITY-ST-ZIP	7405 NW 57th St. Tamarac, FL 33319
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 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**  
Date

**954-722-3526**  
Daytime Phone #

CR2E034 (11/98)