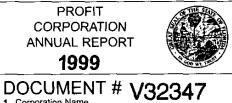
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

03-02-1999 90115 050 ***150.00

| REGENT | FOREX FLORIDA, INC. | | | | | | | | | | |
|---|--|---|-----------------|-------------------|---|--|-----------------------|---------------|--------------|---|-----|
| Principal Place of Business Mailing Address | | | | | | | := 13141 VI \$ | 1881 91811 91 | | *************************************** | |
| 2000 WELLS ROAD 2000 WELLS ROAD | | | | | | | | | | | |
| SUITE F ORANGE PARK FL 32073 SUITE F ORANGE PARK FL 32073 | | | | | | DO NO | T WRIT | E IN THIS | SPACE | | |
| US US | | | | | 3. Date Inco | | | | | | 1 |
| | | | | | 04/29/1 | 992 | | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Numb | | | | A | oplied For | |
| 21 26 | | | | | 59-3120 | <u> 2610 </u> | | | | ot Applicable | ļ |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certifcate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| City & State | | City & State | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | | | |
| Zip Country Zip | | | ¬ | | | his corporation owes the current year intangible ersonal Property Tax. | | | | | |
| | 9. Name and Address of Current | | | | 10. Name an | d Address o | f New R | egistered | Agent | |] |
| | | | | Name | - | | | | | | |
| MURPHY, THOMAS 10974 READING ROAD | | | 82 5 | Street Addre | ess (P.O. Box N | umber is Not | Accepta | ble) | | <u> </u> | |
| | | | | | | | | | | | |
| #177 | (SONVILLE FL 32257 | | 83 | | | | | | | | ļ |
| JACI | NOONVILLE PL 32237 | | 84 (| City | | | - | | 85 Zip | Code | ĺ |
| | | | | | | L: | for the | <u> </u> | ahaasiss its | | { |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligati | if Florida. Such change was autho | rized by the | e corporatio | n's board of dire | ctors. I hereb | у ассер | t the appoir | ntment as re | egistered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if posticable (NOTE: Page | tored Anent sir | mature required | when reinstating) | | | DATE | | | _ ا |
| 12. | OFFICERS AND DIRECTORS | | 13. | griature required | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | 5 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | | | | | Change | ☐ Addition | 1 |
| NAME | VILLANUEVA, ALTON | | 1.2 NAME | | VILLANUE | VA , AL | TON | E- | | | ; |
| STREET ADDRESS | 2000 WELLS ROAD, SUITE D | • | 1.3 STREET AD | DKLOS | 2000 WELL | | | | 12 | | |
| CITY-ST-ZIP_ | ORANGE PARK FL | | 1.4 CITY-ST-ZI | P (| DRANGE | PARK | H | 3207 | <u> </u> | | ٥ |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | | | | Change | ☐ Addition | ١ |
| NAME | | · | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 2.3 STREET AD | ORESS | | ~ | | | | - | ļ |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-Z | IP _ | | | | | Change | Addition | ┨ |
| TITLE | | | 3.1 TITLE |) | | | | | Change | | |
| NAME | | | 3.2 NAME | -PD500 | | | | | | | ١ |
| STREET ADDRESS | | | 3.3 STREET AD | | | | | | | | |
| CITY-ST-ZIP | | | 4.1 TITLE | | | | | | Change | Addition | 1 |
| NAME | | _ | 4. 2 NAME | | | | | | | _ | |
| STREET ADDRESS | | i i | 4.3 STREET AD | ORESS | | | | | | | ĺ |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZI | i | | | | | | | |
| TITLE | | | 5.1 TITLE | | | | | | ☐ Change | Addition | 1 |
| NAME | | | 5.2 NAME | | | | | | | | |
| . | | | | | | | | | | 1 | |
| STREET ADDRESS | | a de la companya de | 5.3 STREET AD | DRESS | | | | | | | 1 |

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 composition 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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

ALTON VILLANUEVA

DELETE

(904) 272-7466

Change

Addition