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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089841 (7)

R2005, INC.

Principal Place of Business

Mailing Address

FILED May 14 1998 8:00am Secretary of State



7915 WOODVINE CIRCLE TAMPA FL 33615		7915 WOODVINE CIRCLE TAMPA FL 33615			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					11/21/1995
2. Principal Place of Business 2a. Mailing Address				^~	4. FEI Number Applied For
21 7915 WOODUINE CR 26 7915 WOODUINE				10	59-3347620 Not Applicab
22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 334 1	25 Country 115	29 33415 30	Country o (+/ /	us	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	Name and Address of Current	Registered Agent			10. Name and Address of New Flegistered Agent
REN	ITI E , DEAN		81	Name	
7915 WOODVINE CIRCLE TAMPA FL 33615			82	Street	Address (P.O. Box Number is Not Acceptable)
1731	WHYE 00010		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, typest or protect name of registered agend	and the dapple abit (NOT F	Ingistered Agr	ent signature	e required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 101.6		Change Addition
NAME	RE ITTIE, DEAN		1.2 NAME		
STREET ADDRESS	5915 WOODVINE CIRCLE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY - 9	1-Z(P	
TITLE	PST	☐ DEFE LE	2 1 117LE		☐ Change ☐ Addition
NAME	REITTIE , DEAN		2 2 NAME		
STREET ADDRESS	59 15 WOODVINE CIRCLE		23 STREET	ADDRESS	
CITY-ST-ZIP	<u>TAMPA FL 33615</u>		2 4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Additio
NAME			3.2 NAME	İ	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP		T points	3.4. CITY-	ST - ZIP	
TITLE V		L_ DELETE	4.1 TITLE	i	Change L. Addition
NAME			4. 2 NAME	I B D D	
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP		DELETE	4.4 CITY - S 5.1 TITLE	I · ZIP	Change Additio
NAME		בין טבנבוב	5.1 HILE 5.2 NAME		The state of the s
STREET ADDRESS			5.3 STREET	VDUBEGG :	
			5.4 CITY - S		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 THILE	1-215	Change Additio
NAME			6.2 NAME		
STREET ADDRESS			63 STREET	Annesco	
CITY-ST-ZIP			6.4 CITY-S		
	erlify that the information supplied with	this bling does not qualify for t			I ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. Thereby certify that the information supplied with this filing does not qualify for the samption stated in Section 119.07(3)(i), Florida Statutes. Ffurther certify that the information indicated on this annual report or suppliermental annual report is true and accuracy and that ny 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 trustice empowered to regule 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.					