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

CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

FILED Apr 03 1996 8:00 am Secretary of State

REBULL AND ASSOCIATE	ES, INC.	
Principal Place of Business	Mailing Address	r enderen mirin britta trans inter arbit albit Brait mibit Bille Bratt Bill Bill Bill Bill Bill Bill Bill Bi

		US			3. Date Incorporated or Qualified	3a. Date of La	
					05/28/1980	02/22/	1995
	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21 4108	3 Laguna Street.	26	~~	·····	59-2008851		Not Applicable
22 2	te, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		.75 Additional ee Required
City & State	City & State City & State			6. Election Campaign Financing	\$5	.00 May Be	
	Gables, FL				Trust Fund Contribution		ided to Fees
— ^{Ziρ} 22 ι	Country	Zφ	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,		
24 331	46 25 U.S.A.	29	30 Flor da Statutes				
	9. Name and Address of Curre	nt Registered Agent		 	10. Name and Address of New R	egistered Agent	
			8	1 Name			
rebull,	, PATRICK J.		8	2 Street Ad	ldress (P.O. Box Number is Not Acceptab	<u></u>	
9975 SW	V 87TH AVENUE			-	to the total the time to the thought	,	
MIAMI FI	L 33176-2965		8	3			
			В				
			-	1 ""		FL 85	Zip Code
		ida. Budi i change was admigriz	ea by the cor	named corp poration's bo	oration submits this statement for the purpard of directors. I hereby accept the appe		ts registered office
familiar with	n, and accept the obligations of Sec	tig +607.6005 Florida Statistes	s				
SIGNATURE _	Styriatura, typed or printed name of specied 400	Cerus	LATE	ZICK .	J. REBULL	3/28/9	6
12.		D DIRECTORS	Fleg stered Ag	on signicular respo		-	
TITLE	PST	DELETE	1.1 [[[]]		ADDITIONS/CHANGES TO OFFE		~
NAME	REBULL, PATRICK J					Chan	ge 🔲 Addit-on
STREET ADDRESS	9975 SW 87TH AVE		1.2 NAME	1			
CITY-S1-ZIP	MIAMI FL			1 ADDRESS			إ
TITLE	MINNI FL	[7] DELETE	140114		·····		
NAME		TT percut	2 1 THTLE			Chang	g∈ [Addition S
STREET ADDRESS			2.2 NAME				
				1 ADDRESS			
CITY-ST-ZIP TITLE		F1 brice	2.4 CITY -	ST-7(P			
NAME		☐ DELETE	3 1 TITLE			D Chang	ge 🔲 Addition
4			3.2 NAME				
SIREET ADDRESS				T ADDHESS			
TILE			34 CITY	S1-ZIP		<u></u>	
NAME		DELETE	4 1 TITLE			Chang	e 🔲 Add tion
			4.2 NAME				
STREET ADDRESS			43 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST - ZIP			
1HTLF		☐ DELETE	5 1 TITLE			☐ Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			54 CHY-	S1 - ZIP			}
TITLE		DELETE	6 1 TITLE			Chang	e 🔲 Addition
NAME			6 2 NAME				
STREET ADDRESS			63 STREE	I ADDRESS			
CITY-S1-ZIP			6 4 CHY-	ST-ZIP			
14 Lido baraby	certify that the information eupplied a	of the state of borne in a subsequent of the	also al a sal also				

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:

3/28/96 (305) 445-7501