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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

141

DOCUM 1. Corporation I D.I.Y.		13 (1)					
Principal Place of	of Business	Mailing Address			668 mil 81811 Att	TI BIBIT BIBIT	
C/O SAMUEL F. REHBERG 808-12TH AVENUE. N.E. MULBERRY FL 33880		C/O SAMUEL F. RI 808-12TH AVENUE. MULBERRY FL 338	N.E.				
WIGEOL: WIT	12 0000			3. Date Incorporated or Qualified 08/27/1980	3a. Date o	of Last Rep 15/01/19	95
2. Principal Plac	ce of Business	2a. Mailing Address		4. FET Number 59-1887 195		:	polied For
21		26		28,1001,182			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired
2 Ct. 8 State		City & State		6. Election Campaign Financing	-	\$5.00	May Be
Oity & State		28		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		: under s 1	199.032,
4	25	29	30	Florida Statutes Ye 10. Name and Address of New	S ∐No Poolstered A	cent	
	9. Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New	negistered A	- Sour	
DEUDE	TOO CAMILEI E		1 1	77 C Ft. Market Mat Accorde	hla)		
REHBERG, SAMUEL F 808-12TH AVENUE N.E.			82 Street Add	ess (P.O. Box Number is Not Accepta	oie)		
	RRY FL 33860		83				
MOLDL	11111 12 0000		84 City			85 Zip	Code
				ration submits this statement for the print of directors. Thereby accept the ac-	FL		
	Signature typed or printed name of registered sign	nt and finite if applicable (NOTE: Registered Agent squature require	e when reinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AN	DELETE	1. 1 TITLE			Change	Addition
TITLE NAME	REHBERG, SAMUEL F		1.2 NAME				
STREET ADDRESS	808-12TH AVENUE, N.E.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MULBERRY FL		1.4 CITY - ST - ZIP			7.0	- Addition
TITLE	ST	☐ DELÉTE	2. 1 TITLE		L	Change	Addition
NAME	REHBERG, SHANDRY M.		2 2 NAME				
STREET ADDRESS	808-12TH AVENUE, N.E. MULBERRY FL		2.3 STREET ADDRESS				
CITY - ST- ZIP	MULDERNI FL	DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		<u>-</u>	Change	Addition
TITLE		- President	3 2 NAME		_		
NAME STREET ADDRESS			3.3 STREET ADORESS				
CITY-ST-7IP			3 4 C/TY - ST - Z/P		.,		
TITLE		DELETE	4 1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			. 4.3 STHEET ADDRESS				
CITY-ST-ZIP			4.4 CITY - \$1 - 7(F			Change	Addition
TITLE		☐ DELETE	5 1 7171.6		ι		LI AUGINON
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY - ST - ZIF		DELETE	5 4 CHY-SI-ZIP 6 1 TILE			Change	Add tion
TITLE		C) percit	6 2 NAME		-		
NAME							

14. 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 logal effect as if made under eath; 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: \

3-22-96 (94) 285-7/31