

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H32646 (2)

1. Corporation Name

REBFRAN CORPORATION



Principal Place of Business

Mailing Address

399 CAROLINA AVENUE
SUITE 200
WINTER PARK FL 32789

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SUITE 200
WINTER PARK FL 32789

3. Date Incorporated or Qualified 12/05/1984	3a. Date of Last Report 04/10/1995
4. FEI Number 59-2466464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, CLIFFORD L.
217 N. WESTMONTE DR.
ALTAMONTE SPRINGS FL 32714

Suite 200
399 Carolina Ave
Winter Park,
FL 32789

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	STEIN, CLIFFORD L.	1.2 NAME	
STREET ADDRESS	399 CAROLINA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	BERMAN, REID S.	2.2 NAME	
STREET ADDRESS	1277 HARMON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	RIVELLI, ADELE C.	3.2 NAME	
STREET ADDRESS	217 N. WESTMONTE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	RIVELLI, ADELE C.	4.2 NAME	
STREET ADDRESS	217 N. WESTMONTE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 legal effect as if made under oath; that I am an officer or director of this 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

2/20/96

407-740-0399

CR2E034 (12/95)