

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 # H82590 (1)

1. Corporation Name  
REBRA, INC.



Principal Place of Business

523 PRINCEWOOD DRIVE  
DELAND FL 32724-5104

Mailing Address

523 PRINCEWOOD DRIVE  
DELAND FL 32724-5104

3. Date Incorporated or Qualified  
10/25/1985

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 723 RACING RD

26 723 RACING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 ORANGE CITY FLA

27 City & State  
28 ORANGE CITY FLA

24 Zip 32763  
25 Country USA

29 Zip 32763  
30 Country USA

4. FEI Number  
59-2591093

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, ROBERT E.  
523 PINCEWOOD DR  
DELAND FL 32724

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BAILEY, ROBERT E.  
STREET ADDRESS 523 PINCEWOOD DR  
CITY-ST-ZIP DELAND FL

DELETE

TITLE S  
NAME BAILEY, DAWN  
STREET ADDRESS 523 PINCEWOOD DR  
CITY-ST-ZIP DELAND FL

DELETE

TITLE T  
NAME FLETCHER, RAYMOND A.  
STREET ADDRESS 978 DEERFOOT RD.  
CITY-ST-ZIP DELAND FL

DELETE

TITLE S  
NAME FLETCHER, MARY  
STREET ADDRESS 978 DEERFOOT RD.  
CITY-ST-ZIP DELAND FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE P  
1.2 NAME BAILEY, ROBERT E.  
1.3 STREET ADDRESS 723 RACING RD  
1.4 CITY-ST-ZIP ORANGE CITY FLA 32763

Change Addition

2.1 TITLE S  
2.2 NAME BAILEY, DAWN  
2.3 STREET ADDRESS 723 RACING RD  
2.4 CITY-ST-ZIP ORANGE CITY FLA 32763

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/96

CR2E034 (12/95)