

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 22 PM 3: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H88189 (6)

1. Corporation Name  
REBACK, INC.

Principal Place of Business: 2137 W. MARTIN LUTHER KING BLVD. TAMPA FL 33607  
Mailing Address: 2137 W. MARTIN LUTHER KING BLVD. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1985  
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 59-2638278  
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

BERGES, EDDY  
2137 W MARTIN LUTHER KING BLVD  
TAMPA FL 33607

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 Title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VPD  
1.2 NAME: DELUCIA III, EUGENE  
1.3 STREET ADDRESS: 4543 S. MANHATTAN AVE.  
1.4 CITY-STATE-ZIP: TAMPA FL

2.1 TITLE: PD  
2.2 NAME: BERGES, EDDY  
2.3 STREET ADDRESS: 101 WEBB RD., #307  
2.4 CITY-STATE-ZIP: TAMPA FL

3.1 TITLE: TD  
3.2 NAME: LOPEZ, CARLOS  
3.3 STREET ADDRESS: 4914 N. ARMENIA AVE.  
3.4 CITY-STATE-ZIP: TAMPA FL

4.1 TITLE: D  
4.2 NAME: DAVE, N. B.  
4.3 STREET ADDRESS: 701 W. BUFFALO AVE., #4  
4.4 CITY-STATE-ZIP: TAMPA FL

5.1 TITLE: DS  
5.2 NAME: GOMEZ, FRANCISCO  
5.3 STREET ADDRESS: 4545 S. MANHATTAN AVENUE  
5.4 CITY-STATE-ZIP: TAMPA FL

1.1 TITLE:  Change  Addition  
1.2 NAME: Eug. Delucia III  
1.3 STREET ADDRESS:  
1.4 CITY-STATE-ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME: Eddy Berges  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME: Carlos Lopez  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME: NB. Dave N. B. in abs.  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME: Gomez F  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-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 118.07(3)(b), 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 change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

3/12/95

(Type in Phone #)