FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H90278**

1. Corporation Name

REBMAN PROPERTIES, INC.

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90023 049 ***150.00



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Principal Place	e of Business	Maili	ng Address				t tablible give igtit gelik tratt tog	B1 1911 B14!!	- 4424 6(8) B181	
500 WINDERLEY PLACE. STE 124 500 WINDERLEY PLACE STE 124										
MAITLAND FL 3	32751-7406	MAITLAND FL 32751-7406					DO NOT WRITE IN THIS SPACE			
us us							3. Date Incorporated or Qualifed			
							12/02/1985			
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number			Applied For
21	1000 0. 200000	26					59-2604891		1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27	27				5. Certifcate of Status Desired		Fee F	Required
City & State			City & State				6. Election Campaign Financing		•	May Be
23		28		v			Trust Fund Contribution			d to Fees
Zip	Country	z	ip		intry		8. This corporation owes the curre	ant year l		Ohta
24		29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registe	red Agent		81		10. Name and Address of New R	egistere	a Agent	
RERI	MAN, ROGER K.				01	Name				
	WINDERLEY PLACE, #124					Street Add	Address (P.O. Box Number is Not Acceptable)			
MAITLAND FL 32751								——		
WU-W	ILAND I C CEIGI				83					
					84	City		F	85 Zip	p Code
			1555 El S.		لـــا		time and the statement for the		- , ,	ite registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	if Florida	Such change was	authorized	עם ני	tne corporat	poration submits this statement for the ion's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE										
	Signature, typed or printed name of registered agent		<u>'' </u>		Agen	t signature requir	ed when reinstating)	DATE	AND DIDECT	TODO IN 13
12.	OFFICERS AND	DIREC		13.		· · ·	ADDITIONS/CHANGES TO OF	-ICERS /	Change	
TITLE	PD BOOKER K		☐ DELETE	1.1 TI						,
NAME	REBMAN, ROGER K.			1.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	MAITLAND FL		□ DELETE	_	<u> </u>	T-ZIP			☐ Change	e Addition
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NAME .	REBMAN, ROGER K.			2.2 N						
STREET ADDRESS	!					ADDRESS				
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NAME	REBMAN, GREG			3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		☐ DELETE	3.4. (4.1 Ti	JTY-S	I-ZIP			Change	e Addition
TITLE				•						
NAME					IAME					
STREET ADDRESS				ľ		ADDRESS				
CITY-ST-ZIP			☐ DELETE	4.4 C	TY-S	1-219			☐ Change	e Addition
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NAME	}					ADDRESS				
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CITY-ST-ZIP			☐ DELETE	5.4 C		1 - 21/			☐ Change	e
TITLE	Į.		LLI DELLIE	6.2 N		ļ				
NAME	{					ADDRESS				
STREET ADDRESS	Í.			0.33	أخاساه د ا					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of trustee employered 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR