

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 23 1996 8:00 am
Secretary of State

DOCUMENT # J28174 (7)

1. Corporation Name

RABEL, INC.

Principal Place of Business

4530 S.W. BOAT RAMP AVE.
PALM CITY FL 34990
US

Mailing Address

P.O. BOX 1035
PALM CITY FL 34990
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/08/1986

3a. Date of Last Report

09/26/1995

4. FEI Number

59-2705213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

TENNHARD, MICHAEL
4530 S.W. BOAT RAMP AVE.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

Matthew L. Jones, P.A.

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

Matthew L. Jones, Esq.

83

215 S. Federal, Hwy, Ste. 200

84 City

Stuart,

FL

85 Zip Code

34994

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

Matthew L. Jones

Matthew L. Jones

6/23/96

12. OFFICERS AND DIRECTORS

TITLE PST
NAME TENNHARD, MICHAEL
STREET ADDRESS 4530 S.W. BOAT RAMP AVE.
CITY-ST-ZIP PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME Cary C. Dixon, Director
3. STREET ADDRESS 5750 SW Martin Hwy
4. CITY-ST-ZIP PO Box 1035 (NA)
Palm City, FL 34990

2. TITLE
2. NAME Charles J. Peters, President
3. STREET ADDRESS 5750 SW Martin Hwy
4. CITY-ST-ZIP PO Box 1035 (NA)
Palm City, FL 34990

3. TITLE
3. NAME Brian W. Haas, Vice Pres.
3. STREET ADDRESS 5750 SW Martin Hwy
4. CITY-ST-ZIP PO Box 1035 (NA)
Palm City, FL 34990

4. TITLE
4. NAME Geoffrey Leonard, Secretary
4. STREET ADDRESS 5750 SW Martin Hwy
4. CITY-ST-ZIP PO Box 1035 (NA)
Palm City, FL 34990

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. 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 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 I with an address.

SIGNATURE:

Matthew L. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96

682-2640

CR2E034 (12/95)