

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 03/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90014 021 \*\*\*550.00

0066164

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J61889**

1. Corporation Name  
**REYBAR PROPERTIES, INC.**



Principal Place of Business	Mailing Address
% ANDREW REY 579 RIVIERA DR TAMPA FL 33606-3807	% ANDREW REY 579 RIVIERA DR TAMPA FL 33606-3807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1987</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2802584</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REY, ANDREW 579 RIVIERA DR TAMPA FL 33606				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	DP REY, ANDREW 579 RIVIERA DR TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	DT REY, EMILY M. 579 RIVIERA DR TAMPA FL	1.2 NAME	
DE	DV BARBIERA, BENNIE 475 MARMORA AVE TAMPA FL	1.3 STREET ADDRESS	
DE	DS BARBIERA, CARMEN 475 MARMORA AVE TAMPA FL	1.4 CITY-ST-ZIP	
DE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		2.2 NAME	
DE		2.3 STREET ADDRESS	
DE		2.4 CITY-ST-ZIP	
DE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		3.2 NAME	
DE		3.3 STREET ADDRESS	
DE		3.4 CITY-ST-ZIP	
DE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		4.2 NAME	
DE		4.3 STREET ADDRESS	
DE		4.4 CITY-ST-ZIP	
DE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		5.2 NAME	
DE		5.3 STREET ADDRESS	
DE		5.4 CITY-ST-ZIP	
DE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		6.2 NAME	
DE		6.3 STREET ADDRESS	
DE		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 with an address.

SIGNATURE: *Emilienne Roubiceau* DATE: 7/1/99 (813) 254-2569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE034 (5/99)