


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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M89826** (5)

1. Corporation Name  
**REBECCO, INC.**

Principal Place of Business  
**5340 N. FEDERAL HWY. #204  
LIGHTHOUSE POINT FL 33064**

Mailing Address  
**C/O PINCHEVSKY  
P.O. BOX 26508  
FT. LAUDERDALE FL 33320-6508  
US**



2. Principal Place of Business  
21 **5701 N. PINE ISLAND RD**

Suite, Apt. #, etc.  
22 **#250**

City & State  
23 **FT. LAUDERDALE, FL**

Zip  
24 **33321**

Country  
25

2a. Mailing Address

Suite, Apt. #, etc.  
27

City & State  
28

Zip  
29

Country  
30

3. Date Incorporated or Qualified  
**07/15/1988**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0060565**

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

**PINCHEVSKY, DAVID C  
5701 N. PINE ISLAND ROAD  
#250  
FT. LAUDERDALE FL 33321**

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HOFFMAN, REBECCA**  
STREET ADDRESS **5340 N. FEDERAL HWY. #204**  
CITY - ST - ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VP** ☐ DELETE  
NAME **HOFFMAN, HOWARD**  
STREET ADDRESS **3351 NW 53RD CIRCLE**  
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **3351 NW 53RD CIRCLE**  
1.4 CITY - ST - ZIP **BOCA RATON, FL 33496**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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

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

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

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

14. I do 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 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: *Rebecca Hoffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

Daytime Phone #

CR2E034 (9/96)