PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 05, 1999 8:00 am Secretary of State

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DOCUMENT # **P37039**

1. Corporation Name

REBU CORPORATION

Principal Place	of Business		Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	al idd litti i bati patés titt	in inii denis bibai dinis d	7E() B(B)) 478)) 1441
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MIAMI FL 33131 WS US					3. Date Incorporated or Qualifed				
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	ace of Business		2a. Mailing Addres			4. FEI Numbe		, ,	Applied For
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24 539	9. Name and Addres		120	1 130	7		Address of New Re		
	J. Hamo una Madros	5 07 0 4110111			81 Name	WILLIAM A.			
THE PRENTICE-HALL CORPORATION SYSTEM INC.					82 Street	Address (B.O. Boy Nu	wher is Not Acceptal	hla)	
1201 HAYS STREET SUITE 105					62 Street	Address (P.O. Box Nur 2038 HEA	LEY PLACE	<u>-</u>	
					83		- ,		
TALLAHASSEE FL 32301				84 City			85	Zip Code	
						Frmyers		FL	33901
11. Pursuant t	to the provisions of Sections of Sections to the provisions of Sections to the provisions of Sections	ons 607.0502	and 607.1508, Florida	Statutes, the	e above-named	corporation submits thin	s statement for the property accept	ourpose of changin t the appointment a	g its registered is registered
agent. I ar	n familiar with, and accep	ot the obligation	ons of, Section 607.05	05, Florida S	Statutes.	Station o board or on or	,,	;	Ū
SIGNATURE								1. 1	ļ
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	Signature, typed or printed name o					equired when reinstating)	CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
12.	OF		nd title if applicable. DIRECTORS		tered Agent signature re 13. 1.1 TITLE		CHANGES TO OFF		
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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 supplemental annual report is true and contact 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 employeed 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS