FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000067417 (4)

1. Corporation Name

REBB TEAM INC.

Principal Place of Business:
1524 STICKNEKY POINT RD
SARASOTA FL 34231

Mailing Address:
1524 STICKNEKY POINT RD
SARASOTA FL 34231

3. Date Incorporated or Qualified: 09/28/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0439425 ☐ 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

2. Principal Place of Business
21 1532 Stickney Point Rd
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 1532 Stickney Point Rd.
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

WOODS, RICHARD S
2229 CIRCLEWOOD DR
SARASOTA FL 34231-5740

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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	BARRETT, RALPH E	1 2 NAME	
STREET ADDRESS	1538 STICKNEY POINT RD	1 3 STREET ADDRESS	1532 Stickney Point Rd
CITY-ST-ZIP	SARASOTA FL 34231	1 4 CITY-ST-ZIP	
TITLE	VTD	2 1 TITLE	☑ Change ☐ Addition
NAME	MAKAU, JOHN	2 2 NAME	No Longer
STREET ADDRESS	1275 WINDWARD DR	2 3 STREET ADDRESS	Officer
CITY-ST-ZIP	OSPREY FL 34229	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	☑ Change ☐ Addition
NAME	MAKAU, LYDIA	3 2 NAME	No Longer
STREET ADDRESS	1275 WINDWARD DR	3 3 STREET ADDRESS	Officer
CITY-ST-ZIP	OSPREY FL 34229	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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)(i), Florida Statutes. I further certify that the information indicated on the 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: Ralph Barrett President 4/27/95 813 925 2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Ralph Barrett President

0338660 CP