

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

FILED
Apr 06 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P93000067417 (4)**
1. Corporation Name
REBB TEAM INC.

| | |
|---|---|
| Principal Place of Business 1532 STICKNEY POINT RD SARASOTA FL 34231 US | Mailing Address 1532 STICKNEY POINT RD SARASOTA FL 34231 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 2828 CLARK RD Suite, Apt. #, etc. 22 # 2 City & State 23 SARASOTA, FL. Zip 24 34231 | | 2a. Mailing Address 25 2828 CLARK RD Suite, Apt. #, etc. 27 # 2 City & State 28 SARASOTA, FL. Zip 29 34231 | | 3. Date Incorporated or Qualified 09/28/1993 | |
| 4. FEI Number 65-0439425 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent BARRETT, RALPH 1532 STICKNEY POINT RD SARASOTA FL 34231 | | 10. Name and Address of New Registered Agent 81 Name RALPH BARRETT 82 Street Address (P.O. Box Number is Not Acceptable) 2828 CLARK RD 83 # 2 84 City SARASOTA FL 85 Zip Code 34231 | |
|---|--|---|--|

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 reinstating)

DATE

| | | | |
|---|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BARRETT, RALPH E | | 1.2 NAME BARRETT, RALPH E. | |
| STREET ADDRESS 1532 STICKNEY POINT RD | | 1.3 STREET ADDRESS 2828 CLARK RD. | |
| CITY-ST-ZIP SARASOTA FL | | 1.4 CITY-ST-ZIP SARASOTA, FL. 34231 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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 E. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Physician

2/20/98 941 925-2136
Date Daytime Phone #

0451268

CR2E034 (10/97)