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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024422 (5)

REBEOR AND CO.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



1620 PERIWIN SANIBEL FL 3			1620 PERIWINKLE WAY SANIBEL FL 33957			DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 03/30/1994	SPACE	-
2. Principal P			2s. Mailing Address		1. 1	4. FEI Number	Applied Fo	or
21 1700	PER	IWINKLE WAY	26 1700 PERI	WIUKLE	WAY	65-0478157	Not Applic	cable
Suite, Apt.	#, etc.	•	Suite, Apt. #, etc.		,	Certificate of Status Desired	\$8.75 Additions Fee Required	
City & State	IREL	FL	City & State 28 SAN IBEC			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 339	57	25 US	29 33957	Country 30	15		Yes No	
	9. Name	and Address of Current	Registered Agent		T	10. Name and Address of New Registered	Agent	
	Beor, Gen			81	Name			
	010 HARBO Myers fl	UR POINT DR 33908		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	FL	85 Zip Code	
SIGNATURE		th, and accept the obligation protect over of registered agent. OFFICERS AND	and title if applicable (NC			poration submits this statement for the purpose of tion's board of directors. I hereby accept the applied when reinsteling) DATE ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	ρ	CAT TO A TO A TO	DELETE	1.1 TITLE	P		172 0	
NAME Street address City-St-Zip	REBEOR 17080 H	I, gene Arbour Pt. Drive Rs Fl 33908		1.2 NAME 1.3 STREET	ADDRESS /5	EBEOR, GENE 1049 TAHARIND CAY CT. # T. MYERS FL 33908	1301	
TITLE	<u></u>		DELETE	2.1 TITLE		<u> </u>	Change Add	dition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	•		
TITLE			DELETE	31 TITLE			Change Add	Idition
NAME]			3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. C(TY-	ST-ZIP			
TITLE			DELETÉ	4.1 THTLE			☐ Change ☐ Add	dition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	F ADDRESS		-	
CITY-ST-ZIP				4.4 CITY - 5	ST - ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change Add	dition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP			
TITLE			DEL E TE	6.1 TITLE			☐ Change ☐ Adi	dition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY, ST. 7ID				SACITY-S	ST. 71P			

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 supplied enter 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 confluention 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 changes or or an attachment with an address.

5/1/08

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