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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 28 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033698 (9)**

1. Corporation Name

REGENBOGEN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2661 N ATLANTIC AVE DAYTONA BEACH FL 32118	2661 N ATLANTIC AVE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1994

3a. Date of Last Report: NONE

2. Principal Place of Business	2a. Mailing Address
21 2629 N. ATLANTIC AVE	26 2629 N. ATLANTIC AVE.
Suite, Apt. #, etc. 22 DAYTONA BEACH, FL. 32118	Suite, Apt. #, etc. 27 DAYTONA BEACH, FL 32118
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0482-365 ☐ 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	10. Name and Address of New Registered Agent
KUBIN, KATHLEEN M 475 HAMMOCK LANE ORMOND BEACH FL 32174	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUBIN, KATHLEEN M 475 HAMMOCK LANE ORMOND BEACH FL 32118	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P KUBIN KATHLEEN M 475 HAMMOCK LANE ORMOND BEACH, FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, KAREN R 130 DIX AVE ORMOND BEACH FL 32118	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V SICILIA, KAREN R 130 DIX AVE. ORMOND BEACH FL. 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUBIN, WALTER L 475 HAMMOCK LN ORMOND BEACH FL 32118	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T KUBIN, WALTER L 475 HAMMOCK LANE ORMOND BEACH, FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SICILIA, TERRENCE R 4 PALM DRIVE ORMOND BEACH FL 32118	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	(S)SICILIA, TERRENCE R 130 DIX AVE. ORMOND BEACH, FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 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: _____ 04 APR 95 (DAY) 622-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000197 CP