SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000033698 (9)**

1. Corporation Name
REGENBOGEN INTERNATIONAL, INC.

Principal Place of Business
2629 N. ATLANTIC AVE
DAYTONA BEACH FL 32118
US

Mailing Address
2629 N ATLANTIC AVE.
DAYTONA BEACH FL 32118
US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt. # etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **05/02/1994**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0482365** ☐ 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
KUBIN, KATHLEEN M
475 HAMMOCK LANE
ORMOND BEACH FL 32174

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	KUBIN, KATHLEEN M	475 HAMMOCK LANE	ORMOND BEACH FL	☐
D	POWERS, KAREN R	130 DIX AVE	ORMOND BEACH FL 32118	☒
T	KUBIN, WALTER L	475 HAMMOCK LN	ORMOND BEACH FL	☐
S	SICILIA, TERRENCE R	4 PALM DRIVE	ORMOND BEACH FL	☐
V	SICILIA, KAREN R	130 DIX AVE.	ORMOND BEACH FL	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE S	4.2 NAME SICILIA, TERRENCE R.	4.3 STREET ADDRESS 6 HAVEN WOOD TRAIL	4.4 CITY-ST-ZIP ORMOND BEACH FL 32174	☐ Change ☐ Addition
5.1 TITLE V	5.2 NAME SICILIA KAREN R.	5.3 STREET ADDRESS 6 HAVEN WOOD TRAIL	5.4 CITY-ST-ZIP ORMOND BEACH FL 32174	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Kubin KATHLEEN M. KUBIN 7/8/96 904/672-9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (3/96)