

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -2 AM 9: 33

TALLAHASSEE

STATE
FLORIDA

DOCUMENT # P94000078158 (0)

1. Corporation Name

REBEL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10613 46 CT NORTH
LOXAHATCHEE FL 33470-2391

10613 46 CT NORTH
LOXAHATCHEE FL 33470-2391

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

11256 Persimmon Blvd 45-0516344

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

Royal Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33411

Palm Bch

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

CLARK, EDWARD

10613 46 CT NORTH

LOXAHATCHEE FL 33470-2391

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11256 Persimmon Blvd.

83

84 Royal Palm Bch FL 85 33411

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 of (Printed Name of Registered Agent and Initials of Corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CLARK, EDWARD
STREET ADDRESS	10613 46 CT NORTH
CITY ST ZIP	LOXAHATCHEE FL 33470-2391
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	11256 Persimmon Blvd
1.4 CITY ST ZIP	Royal Palm Bch, FL 33411
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption included in Section 110.07(9)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report as 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 897, Florida Statutes, and that my name appears in Block 12 of Block 13 is changed, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE IN PRINT OF NAME OF SIGNING OFFICER OR DIRECTOR

8/13/95 407 795 5692

SW 4-3-95