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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

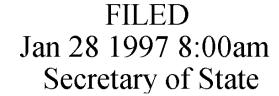
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P94000087792 (5)

REBUL MANAGEMENT, INC.





		Mailing Address	··				
Principal Place % 707 N. FRAN			***************************************				
9th Floor Tampa Fl 3360	9	9TH FLOOR TAMPA FL 33602					
TAMIN IS GOOD			3. Date Incorporated or Qualified 12/02/1994	3a. Date of Last Repo	ort		
2. Principal Pl			4. FEI Number		ed For		
21 1209	TECH BLVD		<b>BLVD</b>		59-3283160	Not A	pplicable
Suite, Apt.	#, etc. 175 202	Suite. Apt. #, etc. 27 SUITE 24	02		5. Certificate of Status Desired	See Requi	
City & State	JRA, FLORIDA	City & State  28 AMPA, F	FLORIDA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	-, ,
Zip 24 336	Country 25 HILLSBOROVE		30 HILLSBORA			Yes No	99.032,
	9. Name and Address of Current	Registered Agent	81 Name		10. Name and Address of New Ro	agistered Agent	
	CKMAN, JEREMY E FRANKLIN ST. NORTH				n. Jeremy E		
	82 Street	Gluckman, Jeremy E. Street Address (P.O. Box Number is Not Acceptable) 707 N. Franklin Street					
	FLOOR PA FL 33602		183				
174011	A 1 L 33002			h Flo	or		
			84 City			FL 85 Zip Coo	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statut	es, the above-named	mpa d corpora	ation submits this statement for the	13 35117	ègistered
office or re agent. Lat	to the provisions of Sections 607 0502 egistered agent, or both, in the State in familiar with, and accept the or ga	of Florigia. Such change was a tion of the Section 607.0505. Flo	authorized by the cor orida Statutes.	rporation	's board of directors. I hereby acce	pt the appointment as rec	gistered
SIGNATURE	V122115 811	Bonan			E. GLUCKMAN	1/6/97	
	S made typed or prined name togistered ager		E. Registered Agent signaturi	e required v	when reinstaling)	DATE	
12.	OFFICERS AND		13.	T 20 4	ADDITIONS/CHANGES TO OFFI		
TITLE	PSTD	☐ DELETE	1,1 TITLE	,	be Keith	Change	Addition
NAME	Luber, Keith 707 Franklin St. 9th Fl		1.2 NAME	120		5TE 202	
STREET ADDRESS	TAMPA FL 33601		1.3 STREET ADDRESS	124	MAN. FL 33619		
CiTY - ST - ZiP	1AMEN EL 33001	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	1 JA	MPA, 16 33617		Addition
TITLE		L. Decem	2.1 TILE 2.2 NAME	1.00	LO GEORGE	Creating 1	Addition
NAME CLOSET ADDRESS				1200	TECH BLVD. S	TE 202.	
STREET ADDRESS			2.3 STREET ADDRESS	122	mp4 FL 3361		
CHY-ST-ZIF TIBLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	1-10	<del></del>	Change	Addition
NAME			32 NAME		RSO JAMIE	,	J. J
STREET ADDRESS			3.3 STREET ADDRESS	177	OG TECH BLYDS	TE 702	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	1 - 12	51 37/1	Δ	
TITLE		DELETE	4.1 TITLE	5,	D	Change	Addition
NAME		"	4. 2 NAME		BER MAUREEN	•	7
STREET ADDRESS			4.3 STREET ADDRESS	17.	og TECH BLVD	STE 202	
City - S1 - ZiP			4.4 CITY-ST-ZIP		MOA FL 3361	٩	
TITLE		DELETE	5.1 TITLE				Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1.TITLE	1		Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-Z-P		, 1	64 CITY - ST - ZIP				
	by certify that the information supplied	with this fling does not quali		stated in	Section 119.07(3)(i), Florida Statute	es. I further certify that the	•

ial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name am an officer or director of the corporation of appears in Block 12 or Block 13 if changed, (