


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

FILED

Jan 28 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |  |   |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # P94000087792 (5)</b><br>1. Corporation Name<br><b>REBUL MANAGEMENT, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>% 707 N. FRANKLIN ST.<br/>         9TH FLOOR<br/>         TAMPA FL 33602</b>  |  |  | Mailing Address<br><b>% 707 N. FRANKLIN ST.<br/>         9TH FLOOR<br/>         TAMPA FL 33602</b>  |   |  |
| 2. Principal Place of Business<br>21 <b>1209 TECH BLVD</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE 202</b><br>City & State<br>23 <b>TAMPA, FLORIDA</b><br>Zip Country<br>24 <b>33619</b> 25 <b>HILLSBOROUGH</b>   |  | 2a. Mailing Address<br>26 <b>1209 TECH BLVD</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 202</b><br>City & State<br>28 <b>TAMPA, FLORIDA</b><br>Zip Country<br>29 <b>33619</b> 30 <b>HILLSBOROUGH</b> |   | 3. Date Incorporated or Qualified<br><b>12/02/1994</b><br>3a. Date of Last Report<br><b>03/01/1996</b><br>4. FEI Number<br><b>59-3283160</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 8. Name and Address of Current Registered Agent<br><b>GLUCKMAN, JEREMY E<br/>         707 FRANKLIN ST. NORTH<br/>         9TH FLOOR<br/>         TAMPA FL 33602</b>   |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br><b>Gluckman, Jeremy E.</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>707 N. Franklin Street</b><br>83<br><b>4th Floor</b><br>84 City<br><b>Tampa</b> 85 Zip Code<br><b>FL 33602</b>   |   |  |
| 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.<br>SIGNATURE <i>Jeremy E. Gluckman</i> <b>JEREMY E. GLUCKMAN</b> 1/6/97<br><small>Signature typed or printed name of registered agent and one if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |  |   |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |   |  |

14. I do 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 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, upon an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 1/17/97 (813) 620-0035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0523376

CR2E034 (9/96)