

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000059006 (3)

1. Corporation Name
RBGK ENTERPRISES, INC.



Principal Place of Business: 520 HERON DRIVE, MERRITT ISLAND FL 32952
Mailing Address: 520 HERON DRIVE, MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified: 07/31/1995
3a. Date of Last Report

21. Principal Place of Business 4401 US Hwy 19	22. Mailing Address 4401 US Hwy 19	4. FEI Number 59-3336407	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State New Port Richey, FL	28. City & State New Port Richey, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip 34652	25. Country PASCO	29. Zip 34652	30. Country PASCO

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent 81 Name: Richard Hern 82 Street Address (P.O. Box Number is Not Acceptable): 4401 US Hwy 19 83 84 City: New Port Richey FL 85 Zip Code: 34652
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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]* DATE: 3/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: RAYMOND, J. PAUL STREET ADDRESS: 400 CLEVELAND STREET CITY-ST-ZIP: CLEARWATER FL 34615	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: Richard Hern 1.3 STREET ADDRESS: 4401 US Hwy 19 1.4 CITY-ST-ZIP: New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: TOKOS, KATHY STREET ADDRESS: 400 CLEVELAND STREET CITY-ST-ZIP: CLEARWATER FL 34615	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: S 2.2 NAME: Beth Hern 2.3 STREET ADDRESS: 4401 US Hwy 19 2.4 CITY-ST-ZIP: New Port Richey FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* Richard Hern (President) 3/15/96 (813) 847-9986

CR2E034 (12/95)