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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000071019 (0)**

1. Corporation Name

REWARDING AUDITS, INC.



Principal Place of Business

**18860 US HIGHWAY 19 NORTH, SUITE 135
CLEARWATER FL 34624**

Mailing Address

**18860 US HIGHWAY 19 NORTH, SUITE 135
CLEARWATER FL 34624**

2. Principal Place of Business

21 **18840 US HWY 19 N**

Suite, Apt. #, etc.

22 **SUITE 400**

City & State

23 **CLEARWATER, FL**

Zip

24 **34624**

Country

25 **USA**

2a. Mailing Address

26 **18840 US HWY 19 N**

Suite, Apt. #, etc.

27 **SUITE 400**

City & State

28 **CLEARWATER, FL**

Zip

29 **34624**

Country

30 **USA**

g. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	WARD, TERESA M	
STREET ADDRESS	18860 US HIGHWAY 19 NORTH, SUITE 135	
CITY-STATE-ZIP	CLEARWATER FL 34624	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	EATON, EGERTON R	
STREET ADDRESS	18860 US HIGHWAY 19 NORTH, SUITE 135	
CITY-STATE-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, TERESA M	
STREET ADDRESS	18840 US HWY 19 N SUITE 400	
CITY-STATE-ZIP	CLEARWATER, FL 34624	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, EGERTON R	
STREET ADDRESS	18840 US HWY 19 N SUITE 400	
CITY-STATE-ZIP	CLEARWATER, FL 34624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes to or on an attachment to an officer.

SIGNATURE:

Teresa M Ward **TERESA M. WARD**

4/9/96 (813)535-1422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)