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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008623 (6)

REVIVAL CHARGING SYSTEMS, INC.

FILED Mar 18 1998 8:00am Secretary of State

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							8181	M ili Miliani	
Principal Place of Business Mailing Address									
402 16TH AVENUE 402 16TH AVENUE								•	
INDIAN ROCK	(S FL 33785	INDIAN ROCKS FL 337	INDIAN ROCKS FL 33785			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		•••	
						01/24/1996			
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number		Applied For	
21		26				65-0625382		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27				8. Commodic of Gidlos Decires	Fee	Required	
City & Stat	e	City & State	City & State			6. Election Campaign Financing		00 May Be	
23		28	-		<u> </u>	Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	L C∞	ntry		8. This corporation owes or has paid the o			
24	25	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes Yes	No.	
	g, Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Registers	O VAGUIT		
	ITESMAN, GARY G			"	INSHIP				
	2 16TH AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
INI	DIAN ROCKS FL 33785		-	83					
				0.5					
			l	84	City	F	85 Z	ip Code	
		· · · · · · · · · · · · · · · · · · ·		LLL		oration submits this statement for the purpose on's board of directors. I hereby accept the a		- M lat	
SIGNATURE	Signature, typed or printed name of registered ag	ont and life if applicable (Ni ND DIRECTORS		d Agen	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
12.	OFFICERS AN	DELETE	13.	n E	····	ADDITIONS/CHANGES TO OFFICERS A	Chang	DE Addition	
TITLE NAME	GATESMAN, GARY G		1.2 NA						
STREET ADDRESS	402 18TH AVENUE			-	ADDRESS				
	INDIAN ROCKS FL 33785			TY-ST					
CITY-ST-ZIP TITLE	HEDRAT NOONO TE COICO	DELETE	2.1 11		1-617		Chang	pe	
NAME		—	2.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S		¹ r			
TITLE		DELETE	3.1 TI				Chang	ge Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S1	TREET A	ADDRESS				
CITY-ST-ZIP			3 4. C						
TITLE		☐ DELETE	4.1 TI	TLE			Chang	ge 🔲 Addition	
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 \$1	TREET A	ADDRESS				
CITY-ST-ZIP			4.4 Ct	TY-ST	T-ZIP			jj	
TITLE		☐ DELETE	51 Tr	TLE			☐ Chan	ge Addition	
NAME	1		5.2 N	AME					
STREET ADDRESS			5.3 \$1	TREET .	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-SI	T - ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			Chang	ge 🔲 Addition	
NAME			62 N	AME					
STREET ADDRESS	}		6.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			6.4 CI	ITY-S1	T-ZIP				

14. I 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 required empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapters, are on an attempted with in address.

3-11-98

813-513-7104