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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

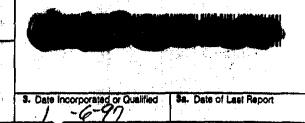
DOCUMENT # P96000094478

REBACK ORGANIZATION, INC

Mailing Address Principal Place of Business 9720 EXEC. CTR. DR. N. ST. PETERSBURG FL 33702

9720 EXEC. CTR. DR. N. ST. PETERSBURG FL 33702

FILED May 06 1997 8:00am Secretary of State



	Place of Business	2a. Mailing Address	•		4. FEI Numb	39227	56	J	Applicable
Suite, Apt		Suite, Apt. #, etc.				of Status Desired	Ö	\$8.75	Additional equired
City & Sta		City & State				Campaign Financing d Contribution			May Be to Fees
Zip 24	Country 25	Zlp 29	Country 30	:	Florida St		Yes	□ No	. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name an	d Address of New	Registered	Agent	
ROS	S REBACK		81	Name				**(
9720 EXEC. CTR. DR. N.			82	Street Add	nee (D.O. Boy No	umber in Mot Accen	table)		9
200		•	Stiest Addi	Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL 33702		83	1						
•			-	A				Tool #	A
			84	City			FL	85 Zip	Code
agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	tions of, Section 607.0505, Fi	orida Statute	s.	INTER CORPUTOR OF CIT	COLOTO, I INDIGOT GO	contra an	Non in horit as	(bhistaice
	Signature, typed or printed name of registered agen	x and tide if applicable. (NO	E: Registered Age	ini signeture requi	red when reinstaling)	1, 1	DATE		
12.	OFFICERS AND	DIRECTORS	TE: Registered Age 13.	iri signeture requi		S/CHANGES TO OF		D DIRECTOR	IS IN 12
12.	OFFICERS AND			iril signeturs requi		S/CHANGES TO OF		D DIRECTOR	IS IN 12
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TITLE NAME STREET ADORESS	OFFICERS AND DPST REBACK, ROSS 9720 EXEC. CTR. DR. N.	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		S/CHANGES TO OF			
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6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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; the 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.

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

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