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

P97000063979 (3)

FILED May 05 1998 8:00am Secretary of State

REBCO	, INC.				
Principal Place	e of Business	Mailing Address		- L COMMEN ALO MATAL ABAN ABAN DOMA BENTA BARA MATAL MATAL ABAN ABAN ABAN ABAN ABAN ABAN ABAN AB	ĮI.
7890 CAMLYN COURT ORLANDO FL 32818		POST OFFICE BOX 1072			
		MAITLAND FL 32751			
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				07/24/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 FF Humber Applied F	or
21		26		59-3472876 Not Applie	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Addition	ıal
22		27		Fee Required	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be	-
23	Country	28 Zup	Country	Trust Fund Contribution L.J Added to Fees	
Zip	Country 25	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	;
24	9. Name and Address of Currer		30	10. Name and Address of New Registered Agent	
AM	SPILAWYER STARTERED		B1 Name	Went RAPILOCK	
1945	LALMERIA AVENHE		82 Street Add	Iress (P.O. Bor Number is Not Accontable)	
-99	RAL GABLES PL 33134			90 Canlyw Cr	
			83		
			84 City	85 Zin Code	
				4400 FL 328/	8
11. Pursuant i	to the provisions of Sections 607,050 egistered accept, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named corpora	poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as register	tered red
agent. I a	m familiar with, and account the owig	ations of Section 607.0505, Flo	rida Statutes	11/2>/6-	
SIGNATURE	NOBEL DONNOS	247		4/1/18	
12.	Signature typed or printed name of registered age OFFICERS AN		Registered Agent's gnature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,
TITLE	PSTD	DELETE	1.1 TITLE		ddition
NAME	BORKOSKI, ROBERT E		1.2 NAME		
STREET ADDRESS	7890 CAMLYN COURT		1.3 STREFT ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Change Ad	ddition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		4.2141
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Ad	ddition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST- ZIP 4.1 TITLE	Change Ad	ddition
NAME		- otter	4. 2 NAME	Fig. 197	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	<u> </u>	DELETE	5.1 TITLE	☐ Change ☐ Ad	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 TITLE	Change Ad	ddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 SYREE1 ADDRESS		
CITY-ST-ZIP	walk stood the independent of the control	Mar Martiner of the color	6.4 CITY - ST - 2IP	Cooling 110 07/2V() Clorido Clobitas I finishes positivitas the	ation
indicated officer or	entify that the information supplied w on this annual report or supplementa director of the corporation or though	annyal report is true and acci arrival report is true and acci arrespondences empowered to e	urate and that my signatures of the control of the	Section 119.07(3)(i), Florida Statutes. I further certify that the informative shall have the same legal effect as if made under oath; that I am a quired by Chapter 607, Florida Statutes; and that my name appears in	an an