PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

Principal Place of Business	Mailing Address	•
880-A MAGUIRE RD	880-A MAGUIRE RD	
OCOEE FL 34761	OCOEE FL 34781	

## Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90208 024 \*\*\*150.00

	1999	<b>6.5.</b>	DIVISION OF	CORPOR	ATIONS							
1. Corporatio	MENT # P9( In Name RBIZ, INC.	80000195	590	•						al (1910   1917   1917 1917   1918   1918		
Principal Plac	e of Business	Mailing	Address	-			l HUBOFUET	II M AMAMA IMATA M MULCA	HEIRI BERIT EDI	MI IIMIM IMIBS DIPI		
880-A MAGUIR		_	AAGUIRE RD									
OCOEE FL 347			FL 34781		•	- 1				<b>.</b>		
						_		DO NOT WE		S SPACE		<u>-</u>
							3. Date incorpor 03/02/199		ı , 			1
2. Principal P	lace of Business	2a. Mai	ling Address			}	4. FEI Number	2525	717		plied For	
21		26					<u> </u>	<u> 3202</u>	<u>и,                                     </u>		t Applicable	}
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.				5. Certificate of S	Status Desired		\$8.75 A		
22		27								Fee Re	<del> </del>	
City & Stat	В	City	& State		•		6. Election Cam Trust Fund Co			\$5.00 Added t	May Be o Fees /	
Zip	Country	Zip		Coun	try		8. This corporati	on owes the cui	rent year li	ntangible	-	-
24	25	29	<del>*</del>	30		-	Personal Prop		** *** ***	Yes Yes	□No	
		of Current Registered	d Agent			1	10. Name and A	ddress of New	Registered	d Agent		ŀ
				- 1	81 Name							,
BLE	CHMAN, MARK S			- h	82 Street	Addrass	(P.O. Box Numb	er is Not Accept	able)			1
880-	-a maguire ad			[	0	WG1030	( , , o , o o , , , o , , , o , , , o , , , o , , o , , o , , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o , o ,		,			
000	DEE FL 34761			ļī	B3							
				<b> </b>	21 21					.  85   Zip (	`oda	
					84 City				FI	L ! (		
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.15	508 Florida Statut		mm.named	normoral.	Han cultimite this s	tatement for the	OUZDOSE C	of changing its	registerea i	
office or r agent. I a SIGNATURE	to the provisions of Section registered agent, or both, in m familiar with, and accep							s, I hereby acce		olniment as re	gislered	
SIGNATURE	Signature, typed or printed name of	registered agent and title if applic	sable (NOTE	Registered A	by the corpoles.		on reinstating)	<del></del>	DATE			(36)
SIGNATURE	Signature, typed or printed name of OFF		RS (NOTE	Registered A	gent agnature re		on reinstating)	s, I hereby acce	DATE			(11/98)
SIGNATURE  12.  TITLE	Signature, typed or printed name of OFF	registered agent and title if applic FICERS AND DIRECTO	sable (NOTE	Registered A 13.	gent agnature re		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of OFF PVST DELAURA, DANIEL M	registered agent and title if applic FICERS AND DIRECTO	RS (NOTE	Registered A 13. 1.1 TITU 1.2 NAM	gent agnature re E		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or pristed name of OFF PVST DELAURA, DANIEL M P O 80X 1088 N/A	registered agent and title if applic FICERS AND DIRECTO	RS (NOTE	1.1 TITU 1.2 NAM 1.3 STR	gent agnature re E E EET ADORESS		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	R2E034 (11/98)
SKGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or pristed name of OFF PVST DELAURA, DANIEL M P O 80X 1068 N/A OCOEE FL 34761	registered agent and title if applic FICERS AND DIRECTO	RS DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY	pent agrature re E E EET ADORESS (-ST-ZIP)		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PVST DELAURA, DANIEL M P O BOX 1088 N/A OCOEE FL 34761	registered agent and title if applic	RS DELETE	1.1 TITU 1.2 MAM 1.3 STR 1.4 CITY 2.1 TITU	e E E E E E E E E E E E E E E E E E E E		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	PVST DELAURA, DANIEL M P O BOX 1088 N/A OCOEE FL 34761	registered agent and title if applic	RS DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM	E E EET ADORESS '-ST-20' E		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	PVST DELAURA, DANIEL M P O BOX 1088 N/A OCOEE FL 34761	registered agent and title if applic	RS DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR	E E E E E E E E T T T T T T T T T T T T		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or pristed name of OFF PVST DELAURA, DANIEL M P O 80X 1068 N/A OCOEE FL 34761	registered agent and title if applic	OBLETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CITY 2.4 CITY	E E E E E E E E E T A D R E E E E E E E E E E E E E E E E T A D R E S S T E E E E E T A D R E S S T E E E E E E E E E E E E E E E E		on reinstating)	<del></del>	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	PVST DELAURA, DANIEL M P O BOX 1088 N/A OCOEE FL 34761	registered agent and title if applic	RS DELETE	13. 1.3 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU	E E EET ADDRESS (-ST-ZP) E EET ADDRESS (-ST-ZP) E EET ADDRESS (-ST-ZP) E ET ADDRESS		on reinstating)	<del></del>	DATE	ND DIRECTO  Change  Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	PVST DELAURA, DANIEL M P O BOX 1088 N/A OCOEE FL 34761	registered agent and title if applic	OBLETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM 3.2 NAM	E E EET ADORESS 7-ST-ZP E EET ADORESS Y-ST-ZP E EET ADORESS Y-ST-ZP E		on reinstating)	<del></del>	DATE	ND DIRECTO  Change  Change	RS IN 12 Addition	CR2E034 (11/98)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PVST DELAURA, DANIEL M P O BOX 1088 N/A OCOEE FL 34761	registered agent and title if applic	OELETE	13. 1.1 TITU 1.2 AAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STR 4.1 TITU 4.2 NAM 4.3 STR	E E E E E E E E E E E E E E E E E E E		on reinstating)	<del></del>	DATE	Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
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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 suppliemental ennual 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 freceiver 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, if on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR