


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$990 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000031539</b>					
1. Corporation Name <b>REHABER, INC.</b>					

Principal Place of Business <b>1625 HAWKCREST ROAD JACKSONVILLE FL 32259</b>	Mailing Address <b>P O BOX 41265 JACKSONVILLE FL 32203</b>
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2. Principal Place of Business		2a. Mailing Address	
21	<b>1625 Hawkcrest Dr</b>	26	<b>1625 Hawkcrest Dr</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
29 <b>JAX, FL</b>		30 <b>JAX, FL</b>	
24 Zip		25 Country	
31 <b>32259</b>		32 Country	

9. Name and Address of Current Registered Agent	
<b>ALLEN, MIKE 1625 HAWKCREST ROAD JACKSONVILLE FL 32259</b>	

11. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>ALLEN, MIKE</b>
STREET ADDRESS	<b>1625 HAWKCREST ROAD</b>
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32259</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **7/13/99** **REQUIRED**

FILED  
05 AUG 16 PM 1:15  
STATE OF FLORIDA  
556882-90031-83

7/27/99 90031 023 \$150.00

3. Date incorporated or Qualified <b>03/19/1998</b>	
4. FEI Number <b>59-3511092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

7/13/99 (904) 808-1443

CR2034 (5/99)

KE

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August 11, 1999

Florida Department of State  
Divisions of Corporations  
Tallahassee, Florida 32314

Re: Document ANNUAL REPORT  
FEI # 59-3511092

To whom it may concern

Pursuant to our telephone conversation. I am requesting that the penalties be abated against Rehabers, Inc. due to reasonable cause.

I did not realize that the Divisions of Corporations form had not been filed until my accounting office notified me and they requested you send another form out. I promptly filed my corporation papers with your office as soon as the papers were received. I am new in business I was not aware of the dead line on filing this form and request that you abate these penalties. I have retained this accounting office to help me to make sure all filings are on time.

I request that these penalties be abated. Thank you for your help in this matter.

Sincerely yours,

Karen Allen

Rehabers Inc.