

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23528** (0)

1. Corporation Name
REBAR SYSTEMS SERVICE, INC.



Principal Place of Business: **131 OCEAN HOLLOW LN ST AUGUSTINE FL 32085**
Mailing Address: **131 OCEAN HOLLOW LN ST AUGUSTINE FL 32085**

3. Date Incorporated or Qualified: **01/08/1991**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business: **21 141 SCHOOL ST**
Suite, Apt. #, etc.:
22 City & State: **COTUIT, MA**
Zip: **23 02635** Country: **25 US**
2a. Mailing Address: **26 Box 2046**
Suite, Apt. #, etc.:
27 141 SCHOOL ST
City & State: **28 Cotuit MA**
Zip: **29 02635** Country: **30 USA**

4. FEI Number: **04-2776696**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GOODMAN, KENNETH D.
GOODMAN AND BREEN P.A.
2375 TAMiami TRAIL NORTH, SUITE 306
NAPLES FL 33940**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title of agent)
NOTE: Registered Agent signature required when registering. DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHRITENOUR, PHILLIP A.	
STREET ADDRESS	131 OCEAN HOLLOW LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BLACK, PETER	
STREET ADDRESS	439 TERHUNE ROAD	
CITY-ST-ZIP	PRINCETON, NEW JER.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHRITNEOUR, BETTY LOU	
STREET ADDRESS	131 OCEAN HOLLOW LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACK, PETRIE	
STREET ADDRESS	439 TERHUNE ROAD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	141 SCHOOL ST
14 CITY-ST-ZIP	COTUIT, MA 02637
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	141 SCHOOL ST
34 CITY-ST-ZIP	COTUIT, MA 02637
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Lou Whritenour* 5/11/96 508 428 8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty Lou WHRITENOUR

CR2E034 (12/95)