

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90021 036 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S23528**

1. Corporation Name  
**REBAR SYSTEMS SERVICE, INC.**



Principal Place of Business  
 141 SCHOOL ST  
 COTUIT MA 02635  
 US

Mailing Address  
 BOX 2046  
 141 SCHOOL ST  
 COTUIT MA 02635  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

01/08/1991

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D.  
 5551 RIDGEWOOD DR STE 405  
 2375 TAMiami TRAIL NORTH, SUITE 306  
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name **GOODMAN, KENNETH D.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3838 TAMiami TRAIL N.**  
 83 **SUITE 300**  
 84 City **NAPLES** FL 85 Zip Code **34103**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHRITENOUR, PHILLIP A.	
STREET ADDRESS	141 SCHOOL ST	
CITY-ST-ZIP	COTUIT MA	
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	141 SCHOOL ST	
CITY-ST-ZIP	COTUIT MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACK, PETRE	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* REQUIRED

04-19-99 Date

508-428-8646 Daytime Phone #

CR2E034 (11/98)