FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83228** **(4)**

1. Corporation Name
REKAB INC.

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR. PENTHOUSE 1-A MIAMI FL 33133-5401	2665 S. BAYSHORE DR. PENTHOUSE 1-A MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 1099 NE 45 STREET
22: Suite, Apt #, etc
23: City & State: FT. LAUDERDALE FL
24: Zip: 33334
25: Country: USA

2a. Mailing Address
26: 1099 NE 45 ST.
27: Suite, Apt #, etc
28: City & State: FT. LAUDERDALE FL
29: Zip: 33334
30: Country: USA

4. FEI Number: **65-0289356** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D.
2665 S. BAYSHORE DR.
PH-1A
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: JAMES C. SIMPSON
82 Street Address (P.O. Box Number is Not Acceptable): 141 S. CYPRESS ROAD
83:
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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: JAMES C. SIMPSON James C. Simpson 4-27-95
(Typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent signature required for all changes) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BAKER, BILL	12 NAME	
STREET ADDRESS	1099 NE 45 ST	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BAKER, SUSAN	22 NAME	
STREET ADDRESS	1099 NE 45 ST	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: Susan Baker 4-27-95 305-776-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN BAKER

0134342 CP