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

PROFIT CORPORATION ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPOR
1996

DOCUMENT #

(3)

1. Corporation Name REBECCA PAGE CORP.

HEBECCA PAGE CORP.					
Principa: Place of Business	Mailing Address				
11361 SHADY LN PLANTATION FL 33325	11361 SHADY LN Plantation FL 33325				
		3. Date Incorporated or Qualified 05/05/1992	3a. Date of Last Report 04/19/1995		
2. Principal Place of Business	2a. Mailino Address	4. FEI Number	Applied For		
21	26	65-0329627	Not Applicat		
Suite. Apt. #, etc.	Suite, Apt. #, etc.	Certificate of Status Desiréd	\$8.75 Additional		

Fee Required \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζφ Yes 🗗 🖺 Florida Statutes 29 30 25 24 9. Name and Address of Current Registered Agent MOODY, STEVE E.

1333 S UNIVERSITY DR SUITE 201 PLANTATION FL 33324

	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 tamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.

12.	gatine, typed or proted name of registered agent and the of south added OFFICERS AND DIRECTOR	S	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELFTE	1 1 T TLE	Crange Addition
NAME	reitman, marilee p.		. 1.2 NAME	
STREET ADDRESS	11361 SHADY LN		1.3 STREET LADDRESS	
CITY - ST - ZIP	PLANTATION FL		1.4 CiTY - ST - ZIP	
TITLE		DELETE	2 1 1/1/16	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ACORESS	
CITY-ST-ZIP			2.4 City Sti-ZiP	The state of the s
TITLE		DELETE	3 1 1111.5	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - 7IP			3.4 CITY - ST - ZIP	
TITLE		DEFELF	4 1 TillE	Change Addition
NAME			4.2 NAMS	
STREET ADDRESS			4.3 STREET ADDRESS	
CiTY - ST - ZIP			4.4 CITY - \$1 - 712	The state of the s
TiTLE		☐ DELETE	5 1 TIFLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
City-ST-ZIP			5.4 CF Y - ST - ZIP	
TITLE		[] Devele	6 1 TifleE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - S1 - 7/P	Corrows County Charles Listen

14. If 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 resident or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trusted 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 attantion with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oayline Phone #

Applied For Not Applicable \$8.75 Additional