

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 JAN 24 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N31514 (5)

1. Corporation Name
THE REDBONE, INC.

Principal Place of Business: 200 INDUSTRIAL DRIVE ISLAMORADA FL 33036 US
Mailing Address: P. O. BOX 273 ISLAMORADA FL 33036 US

3. Date Incorporated or Qualified: 04/03/1989
3a. Date of Last Report: 02/13/1995
4. FEI Number: 65-0180140
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

2. Principal Place of Business (21-24) and Mailing Address (2a-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
ELLIS, GARY
#5 DAVIS DR
LOWER MATECOMBE KEY
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent (61-65) details including Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELLIS, GARY	
STREET ADDRESS	#5 DAVIS DR LOWER MATECO	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	DS/T	<input type="checkbox"/> DELETE
NAME	SEBEN, MARCY	
STREET ADDRESS	200 HARBORVIEW DRIVE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY	
STREET ADDRESS	228 PEARL AVE.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FOX, WILLIAM N.	
STREET ADDRESS	81990 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, CRAIG	
STREET ADDRESS	PO BOX 951 N/A	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGARRY, JAMES R.	
STREET ADDRESS	BOX 133	
CITY-ST-ZIP	ISLAMORADA FL	

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	Secretary/Treasure <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300001707453
2.4 CITY-ST-ZIP	-02/06/96--01052--020
3.1 TITLE	****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jack Curlett
4.3 STREET ADDRESS	9 Barracuda Lane
4.4 CITY-ST-ZIP	Key Largo, Fl. 33037
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ (305) 664-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)