

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30.	30.

3. Date Incorporated or Qualified 04/03/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0180140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 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: *[Signature]* **GARY ELLIS, Pres** DATE: **1/6/98**

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	STR <input type="checkbox"/> DELETE
NAME	SEBBEN, MARCY
STREET ADDRESS	200 HARBORVIEW DRIVE
CITY-ST-ZIP	TAVERNIER FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	HAYES, TIMOTHY
STREET ADDRESS	228 PEARL AVE.
CITY-ST-ZIP	TAVERNIER FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	STAGG, MARY ANN
STREET ADDRESS	9 BARRACUDA LANE
CITY-ST-ZIP	ISAMORADA 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	<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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **GARY ELLIS** DATE: **1/6/98** (305) 664-2002

CR2E037 (10/97)