

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000507 (4)**

1. Corporation Name

REDLAND CONSERVANCY, INC.



Principal Place of Business

Mailing Address

19801 SW 318 ST
HOMESTEAD FL 33030

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HOMESTEAD FL 33030

P.O. BOX 924648

3. Date Incorporated or Qualified: **02/09/1993**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business
21 **828 NW 9 AVE**

2a. Mailing Address:
26 **P.O. BOX 924648**

4. FEI Number: **65-0390970**
Applied For:
Not Applicable:

22 **MIAMI, FL**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **33136**

28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 Zip: **33136**

29 Zip: **33092**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

25 **DADE**

30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROBINSKY, BRENT L
9350 S DIXIE HWY
SUITE 940
MIAMI FL 33156**

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]* **PRES, NEW AGENT** DATE: **2/20/96**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PROBINSKY, BRENT L	
STREET ADDRESS	26650 SW 172 AVE	<i>D</i>
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JACK	
STREET ADDRESS	24757 SW 167 AVE	<i>D</i>
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCGAREY, CHARLIE	
STREET ADDRESS	13990 SW 192 ST	<i>D</i>
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	REGINALD WALKER
43 STREET ADDRESS	7300 SW 61 ST.
44 CITY-ST-ZIP	MIAMI, FL. 33143
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	KANSTON RIST
53 STREET ADDRESS	18014 SW 83 CT.
54 CITY-ST-ZIP	MIAMI, FL. 33157
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	200001755172
63 STREET ADDRESS	-03/22/96--01111--046
64 CITY-ST-ZIP	***61.25

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: *[Signature]* **PRCS** DATE: **2/20/96** DAYTIME PHONE #: **305-670-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRENT PROBINSKY, PRESIDENT

CR2E037 (12/95)

96-12-15