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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90159 007 ***158.75



PROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000068958

1. Corporation Name
RED RIBBON HOME-FED, INCORPORATED



Principal Place of Business
**7205 SOUTH WESTSHORE BLVD
 TAMPA FL 33616**

Mailing Address
**7205 SOUTH WESTSHORE BLVD
 TAMPA FL 33616**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26 **1123 Pinellas Street**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Clearwater, FL**
 Zip Country
 29 **33756** 30

3. Date Incorporated or Qualified
08/08/1997

4. FEI Number
59-3462214 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 owes the current year Intangible
 Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**NEUSCHAEFER, WILLIAM
 1123 PINELLAS ST
 TAMPA FL 33616**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KREKOWER, STEVEN		1.2 NAME		
STREET ADDRESS	2152 GREGORY PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	S&A GIRT NJ 08750		1.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEUSCHAEFER, WILLIAM G		2.2 NAME		
STREET ADDRESS	1123 PINELLAS STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756		2.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William G Neuschaefer* Date: **4/29/99** (727) 443-4195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)