

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **454550** (5)  
1. Corporation Name  
**RED SMITH OF FLORIDA, INC.**

Principal Place of Business

**4145 SW 47TH AVE  
DAVIE FL 33314  
US**

Mailing Address

**4145 SW 47TH AVE  
DAVIE FL 33314  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 <b>2420 20TH AVENUE NO.</b>	27
23 City & State <b>ST. PETERSBURG, FL</b>	28 City & State
24 Zip <b>33713</b>	29 Country
25 <b>PINELLAS</b>	30

3. Date Incorporated or Qualified <b>06/11/1974</b>	Applied For Not Applicable
4. FEI Number <b>59-1630278</b>	<b>\$8.75</b> Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>GELB, MONROE 3400 SW 3RD AVENUE MIAMI FL 33145</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when re-registering)) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b>	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, DAVID</b>	12 NAME
STREET ADDRESS	<b>2800 W AVIARY DR</b>	13 STREET ADDRESS
CITY-ST-ZIP	<b>COOPER CITY FL</b>	14 CITY-ST-ZIP <b>33026</b>
TITLE	<b>VD</b>	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, STEPHEN</b>	22 NAME
STREET ADDRESS	<b>25 THEODORE ROAD</b>	23 STREET ADDRESS
CITY-ST-ZIP	<b>MANCHESTER NH</b>	24 CITY-ST-ZIP <b>03104</b>
TITLE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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.

SIGNATURE: 

1/7/98

CR2E034 (10/97)