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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # **F52276**

1. Corporation Name REDSTONE, INC.

Principal Place of Business

Mailing Address

CAR C DADY DOAD

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90093 022 \*\*\*150.00



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6 B : 1 1 B	the second Project Control of the se	2a. Mailing Address			4. FEI Number		Applied For	
	face of Business	<b>⊢</b> •	1		59-2139769	<u> </u>	Not Applicable	
21		26				40.	75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' '		5. Certifcate of Status Desired	1 1	e Required	
22		27						
City & Stat	e .	City & State	, ·		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip	. Country Zip		Country		8. This corporation owes the current year Intangible			
24	25	29 30	0		Personal Property Tax. Yes No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent			
			81	Name	_			
rothstein, Philip			82	82 Street Address (P.O. Box Number is Not Acceptable)				
510 S PARK ROAD				diedi Addiess (i .o. box (dinos io flot) locopiosis)				
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HOLLYWOOD FL 33021			<u> </u>	<u> </u>		T-1		
	•		84	City		FL  85	Zip Code	
-44 Disease	to the againing of Costings 507 0507	2 and 607 1509 Elocida Statutes	the abov	e-named co	rooration submits this statement for the	ournose of changin	a its registered	
~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 a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	5.				
SIGNATURE	• • •					DATE		
	Signature, typed or printed name of registered agen			nt signature requi	ADDITIONS/CHANGES TO OFF		CTOPS IN 12	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	24 5XCha	ange Addition	
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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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on all attachment with an address, withpall other like impowered.

SIGNATURE: