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

PROFIT CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F9600001528 (6)

REDHOOK TRADING CORP.

Block 12 or Block 13 if changed,

CICNATURE.

## FILED May 05 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 10255 NW 53RD ST. 10255 NW 53RD 8T. FT. LAUDERDALE FL 33351 FT. LAUDERDALE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 11-3305898 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country B. This corporation owes or has paid the current year Intangible Zip Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name SCHIANO, ANTHONY 10255 NW 53RD ST. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33351 83 84 Zip Code City 85 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, typind or printed name of region real egent and other it applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. CDST DELETE Change 1.1 TITLE TITLE SCHIANO, ANTHONY 1.2 NAME NAME 10255 NW 53RD ST. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33351 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 2.1 THIE TITLE LACQYA, PHILIP 2.2 NAME 1127 83 ST STREET ADDRESS 2.3 STREET ADDRESS **BROOKLYN NY 11228** CITY-ST-ZIP 2.4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7(P CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP y not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filir indicated on this annual report or supplied with this filir officer or director of the corporation. The receiver or his