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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCU	MENT # G566	52			02-04-1999 90002 018 ***	**158./5
RED RA	CING ENTERPRISES, INC	3.				
						1 8 18 818 18 818 11 818 18 818 11 818 18 1 83 1
:	· · · · · · · · · · · · · · · · · · ·					
Principal Plac	ce of Business	Mailing Address	;			:
2510 NW 1ST AVE 161 N.W. 4TH ST						,
BOCA RATON US	FL 33431	BOCA RATON FI US	. 33432		DO NOT WRITE IN 1	THIS SPACE
					3. Date Incorporated or Qualifed	
					08/15/1983	
-	Place of Business	2a. Mailing Add	ess		4. FEI Number	Applied For
Suite, Apt.	# oto	26 Suite, Apt. #	etc		59-2324622	Not Applicable \$8.75 Additional
22		27	-		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation owes the current year	
24	25	29	30		Personal Property Tax.	☐Yes ☐No
	9, Name and Address of Cu		·····	81 Name	10. Name and Address of New Registe	red Agent
DAV	IS, ROBERT E.	-Y		•		
161 N.W. 4TH ST				82 Street Address (P.O. Box Number is Not Acceptable)		
. BO0	CA RATON FL 33432			83		等。這樣是一個關係
				84 City	A STORY OF THE STORY	85 Zin Code
्र स्टब्रुक देखुर अस्य	305	No. 311 13 4				FL
11. Pursuant office or	to the provisions of Sections 607. registered agent, or both, in the St	0502 and 607.1508, Flori ate of Florida. Such chan	da Statutes, th ge was authori	e above-named corp zed by the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
in agent. I a	am familiar with, and accept the ob	ligations of, Section 607.	0505, Florida S	tatutes.	•	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regist	ered Agent signature require	d when reinstating) . DATI	
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	PD		ELETE 1	1 TITLE	ggar majar	☐ Change ☐ Addition
NAME .	DAVIS, ROBERT E.		1.	2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOC RATON FL 33432			4 CITY-ST-ZIP 1 TITLE		Change Addition
NAME			_	2 NAME		
STREET ADORESS				3 STREET ADDRESS		
CITY-\$T-ZIP		743		4 CITY-ST-ZIP	•	•
TITLE (C. 15)	a most to		ELETE 3.	1 TITLE		☐ Change ☐ Addition
NAME	Maria Carlos Reserved	•	3.	2 NAME		
STREET ADDRESS	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.	3 STREET ADDRESS		10.00 PM 10.00 PM 10.00 PM
CITY-ST-ZIP				4. CITY-ST-ZIP		Change Clauding
TITLE		יום		1 TITLE	1	∴ Change ∠ ☐ Addition
NAME STREET ADDRESS				2 NAME 3 STREET ADDRESS		•
STREET ADDRESS CITY-ST-ZIP	1.37			4 CITY-ST-ZIP		
TITLE		D		1 TITLE		Change Addition
NAME			5.	2 NAME	1.2 7 2	•
STREET ADDRESS	Principles of the state		5.	3 STREET ADDRESS		
CITY-ST-ZIP	MARTER SALANDA			4 CITY-ST-ZIP		
TITLE 🚅 .	1. 1.4 の数数を表現して、11. 1	□ n	ELETE 6.	1 TITLE		☐ Change ☐ Addition

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 conformation 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 all attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 04, 1999 8:00am

Secretary of State

561-391-5956