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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K94875

(7)

1. Corporation Name

RED ROAD ASSOCIATES, INC.

Principal Place of Business

C/O MICHAEL B. SCHUSTER
851 BROKEN SOUND PARKWAY N.W. SUITE 100
BOCA RATON FL 33487

Mailing Address

C/O MICHAEL B. SCHUSTER
851 BROKEN SOUND PARKWAY N.W. SUITE 100
BOCA RATON FL 33487-3531

3. Date Incorporated or Qualified

06/13/1989

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21 Suite Apt. # etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0132662

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

SCHUSTER, MICHAEL B.
851 BROKEN SOUND PARKWAY N.W.
SUITE 100
BOCA RATON FL 33487

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SCHUSTER, I. TULLY	
STREET ADDRESS	951 BROKEN SOUND PRKWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	SCHUSTER, RITA M.	
STREET ADDRESS	951 BROKEN SOUND PRKWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	SCHUSTER, MICHAEL B.	
STREET ADDRESS	951 BROKEN SOUND PRKWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	SCHUSTER, RONALD F.	
STREET ADDRESS	951 BROKEN SOUND PRKWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	SCHUSTER, TAMMY M.	
STREET ADDRESS	951 BROKEN SOUND PRKWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/97 661-241-0100

CR2E034 (9/96)