

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L30246 (7)
 1. Corporation Name
RED MAN CONSULTANTS, INC.



Principal Place of Business C/O ROBERT JOHN CLANTON 1211 N TAMPA ST TAMPA FL 33602 US	Mailing Address C/O ROBERT JOHN CLANTON 1211 N TAMPA ST TAMPA FL 33602-3320 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 308 E. 7th AVE 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 308 E. 7th AVE 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 11/16/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2979525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CLANTON, ROBERT JOHN
1211 N TAMPA ST
TAMPA FL 33602

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
308 E. 7th AVE.
 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 607.1505, Florida Statutes.

SIGNATURE *Robert John Clanton, Pres* DATE **4-29-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	POTS CLANTON, ROBERT JOHN 1211 N TAMPA ST TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	308 E. 7th AVE TAMPA FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 within an address.

SIGNATURE: *Robert John Clanton, Pres* DATE **4/29/97 (213) 229-8015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)