## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DE**PA**RTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

M35040

(8)

## DOCUMENT # RESIDENTIAL REDEVELOPMENT CORPORATION



Principal Place of	of Business	Mailing Address	Mailing Address							
•	JEST 10TH AVENUE	1518 SOUTHWEST 10T	TH AVENUE							
FT. LAUDERD		FT. LAUDERDALE FL 3	33315							
				•		3. Date incorporated or Qualified 07/11/1986	3a. Date 0	of Last F /01/18		
2. Principal Pla	of Business	2a. Mailing Address				4. FEI Number 59-2719757			Applied For Not Applicable	
21		26				\$8.75 Additional				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	heren			<ol><li>Certificate of Status Desired</li></ol>		<b>4</b>	Required	
22		Cdy & State	City & State			6. Election Campaign Financing			00 May Be	
Oity & State		h	28			Trust Fund Contribution			ed to Fees	
<b>23</b> ] Zip	Country Zip		Country			8. This corporation has liability for i	oration has liability for intangible tax under s 199.032,			
24	25					Florida Statutes S Yes No				
	9. Name and Address of Curre	nt Registered Agent		—·		10. Name and Address of New R	egistered A	gent		
				81	Name					
STRAWB	RIDGE, SCOTT				Street Addr	tress (P.O. Box Number is Not Acceptable)				
1518 SO	UTHWEST 10TH AVENUE			83						
ft. laui	DERDALE FL 33315			03						
				84	City		FL	85	Zip Code	
				LŢ		esting authority this etatoment for the run	sace of obse	noine its	registered office	
11. Pursuant to	o the provisions of Sections 607,050 and agent, or both, in the State of Flo	12 and 607.1508, Florida Statut rida. Such change was auth <b>oriz</b>	es, the abo ted by the o	porpo	arned corpor pration's boar	ation submits this statement for the pur rd of directors. I hereby accept the app	ointment as i	egistere	ed agent. I am	
, familiar wit	h, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	3.							
SIGNATURE: _		AN CONTRACTOR OF THE PARTY OF T	OTE: Elucistered	1 Anort	sionature maulro	d wher: reinstating)	DATE			
	Signature typed or printed name of registered aga OFFICERS AL	ND DIRECTORS	13.	, , , , , , , ,		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12	
12. TITLE	PD	DELETE	1.1T	ITLF				] Change	e 🔲 Addition	
NAME	STRAWBRIDGE, SCOTT	<del></del>	1.2 N	AME						
STREET ADDRESS	1518 SOUTHWEST 10 AVE	NUE	1.3 STREET ADDRESS		ADDRESS					
CITY - ST - ZIP	FORT LAUDERDALE FL		1.4 C	ITY-SI	I - 7IP			<u>-</u>		
TITLE		DELETE.	2 1 TITLE					] Changi	e 🔲 Addition	
NAME			2.2 N	AME						
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CITY-SY-ZIP			2.4 C	(TY-S	T - 7IP			7 01	- FI Addition	
BITCE		☐ DELETE	3 11	TITLE			Ł.	]] Chang	e	
NAME			32 N	IAME						
STREET ADDRESS			3.3 5	STREET	ADDRESS					
CITY - ST - ZIP			3.4 0	ITY-S	T-21P		F	T Chanc	e [] Addition	
TITLE		DELETE	4, 1	TITLE			L	Chang	lo [1] Mudition	
NAME				AME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		D DELETA		HY-S	I - ZIP			7 Chang	e [**] Addition	
TITLE		DELETE	4	TITLE	-		L	~1 ~	- had 110011011	
NAME				NAME	1500560					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		Finaliti		CITY-S	ot - ZIP			Chang	ge [] Addition	
TITLE		[ DELETE		TOLE			L			
NAME				NAME	CARDOLOG	4				
STREET ADDRESS		•			ADDRESS					
CITY-S1-7iP		or the state Pitch in and put the de-	6.4 (	CITY - S	s not qualify	for the exemption stated in Section 119	0.07(3)(k), Flo	rida Str	atutes. I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; 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.