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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M58589 (6)

REDWOOD CORPORATION

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 09/04/1987 3a. Date of Last Report 04/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2500 Hollywood, Blvd.	26 2500 Hollywood, Blvd.	59-2842381	Not Applicable
Suite, Apt. #, etc. #212	Suite, Apt. #, etc. #212		
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Hollywood, Fl.	28 Hollywood, Fl.		
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33020	25 Broward		
29 33020	30 Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	ROSS H. MANELLA ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	2500 Hollywood Blvd.
83	#212
84 City	Hollywood FL
85 Zip Code	33020

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 *Ross Manella* DATE 4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	
NAME	SMILEY, NORMAN	1.2 NAME	
STREET ADDRESS	7190 MALLORCA CRES	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL.	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	SMILEY, NORMAN	2.2 NAME	
STREET ADDRESS	7190 MALLORCA CRES	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL.	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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
NORMAN SMILEY PRESIDENT

3-28-97

561-487-7755

CR2E034 (9/96)