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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M69140

(5)

Corporation Name

REDENIUS ENTERPRISES, INC.

Principal Place o C/O RICHARD 223 ESTRELLI FT. MYERS BE	r. Redenius Ta dr.		Mailing Address C/O RICHARD R. REDENIUS 223 ESTRELLITA DR. FT. MYERS BEACH FL 33931								
							3. Date Incorporated or Qualified 02/16/1988	3a. Date of Last Report 01/18/1995			
Principal Plac	e of Business	2a 26	ta. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0029761	Applied For Not Applicable			
Sute, Apt. #, 2	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
?t	Country 25	29	Zip	30 Co.	intry		This corporation has liability for Florida Statutes Yes				
	9. Name and Address of Curre	nt Regis	stered Agent		I		10. Name and Address of New I	Registered /	Agent		
DEOENNI						Name					
REDENIUS, RICHARD R.				,	82	Street Add	treet Address (P.O. Box Number is Not Acceptable)				
223 ESTRELLITA DRIVE FT. MYERS BEACH FL 33931					L						
FI. MTER	10 DEAUT FL 33931				83						
					84	City		FL	85 Z	ip Code	
or registere familiar with SIGNATUR!	d agent, or both, in the State of Flor , and accept the obligations of, Sec	rida. Suc stion 607	h change was authori. .0505, Florida Statute:	zed by the s.	corp	oration's boa	ration submits this statement for the purific of directors. I hereby accept the app	ointment as	inging its registere	registered office d agent. I am	
	Guataria, type too printed nanie of regetered age OFFICERS At			OTE Registere.		nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECT	ORS IN 12	
lilit	D	ALT DITTE	DELETE	11.			ADDITIONS/OFFAIGLES TO OFF		Change		
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STRUE AMORESS						1 ADDRESS					
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111,1			☐ DELETE		TITLE	1		ı	"I Augude	LI MUURION	
NAME COLLEANDARA				1	NAME STOLE						
STREET ADOLESS						T ADDRESS ST-ZIP					
City St Zit:	certify that the information supplied	d with thi	s filing is voluntarily fur				for the exemption stated in Section 11	9.07(3)(k), Fk	rida Stat	utes. I further	
certify that oath; that I	the information indicated on this an	nual repo poration :	ort or supplemental an or the receiver or trust	inual report :ee e mpow	is tr	rue and accur	rate and that my signature shall have th his report as required by Chapter 607, I	e same legal	effect as	if made under	

SIGNATURE: Quickard A RICHARD R. REDENIUS 1/21/96 941-413 7274