

FILE NOW: FILING FEE IS \$61.25

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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003170 (8)**

1. Corporation Name

RED RIBBON HOMESTEAD, INC.



Principal Place of Business	Mailing Address
1123 PINELLAS STREET CLEARWATER FL 34616 US	1123 PINELLAS STREET CLEARWATER FL 34616-9104 US

3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-3198931	Applied For <input type="checkbox"/> Not Applicable
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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
NEUSCHAEFER, WILLIAM 1123 PINELLAS STREET CLEARWATER FL 34616

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAKOWER, STEVE R	1.2 NAME	
STREET ADDRESS	3104 ALLAIRE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WALL TOWNSHIP NJ 07719	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, BARRY	2.2 NAME	
STREET ADDRESS	1122 PINELLAS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUSCHAEFER, WILLIAM G	3.2 NAME	William G. Neuschaefer
STREET ADDRESS	1123 PINELLAS STREET	3.3 STREET ADDRESS	1123 Pinellas Street, Clearwater FL 34616
CITY-ST-ZIP	CLEARWATER FL 34616	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice-president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN A LAMB	4.2 NAME	Monty Lewis
STREET ADDRESS	3350 HUNT CLUB DRIVE	4.3 STREET ADDRESS	5345 16th Court S., St. Pete FL 33712
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Louis Ladson
STREET ADDRESS		5.3 STREET ADDRESS	7205 South Westshore Dr., Tampa FL 33616
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Susan McClelland
STREET ADDRESS		6.3 STREET ADDRESS	7882 Sundown Drive, St. Pete, FL 33709
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **William G. Neuschaefer** 5/50/97 813-443-4195

CR2E037 (9/96)