

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$230.25).

APPROVED
AND
FILED

99 NOV 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003170

1. Corporation Name
RED RIBBON HOMESTEAD, INC.

Principal Place of Business 1123 PINELLAS STREET CLEARWATER FL 33756 US	Mailing Address 1123 PINELLAS STREET CLEARWATER FL 33756 US
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REINSTATEMENT **99**

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/15/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 60-0196931 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NEUSCHAEFER, WILLIAM 1123 PINELLAS STREET CLEARWATER FL 33756	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: *William G Neuschaefer* **William G Neuschaefer** 11/2/99
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 D	DELETED	1.1 TITLE VP - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LADSON, LOUIS		1.2 NAME Steven R. Krakower	
STREET ADDRESS 7205 SOUTH WESTSHORE DR		1.3 STREET ADDRESS 2152 Gregory Place	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Sea Girt, N.J. 08750	
TITLE S	DELETED	2.1 TITLE Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCLELLAND, SUSAN		2.2 NAME Carolanna Krakower	
STREET ADDRESS 7882 SUNDOWN DR		2.3 STREET ADDRESS 2152 Gregory Place	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP Sea Girt, NJ 08750	
TITLE PD - D	<input type="checkbox"/> DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEUSCHAEFER, WILLIAM G		3.2 NAME	
STREET ADDRESS 1123 PINELLAS STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE D	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATHLEEN A LAMB		4.2 NAME	200003058742---0
STREET ADDRESS 3350 HUNT CLUB DRIVE		4.3 STREET ADDRESS	-12/02/99--01041--026
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	****245.00 ****245.00
TITLE VP	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, MONTY		5.2 NAME	
STREET ADDRESS 5345 16TH COURT S		5.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other filers empowered.

SIGNATURE: *William G Neuschaefer* **SIGNATURE REQUIRED** 10/10/99 727-443-4195
Signature, typed or printed name of signing officer or director Date Daytime Phone

609093

CR2E037 (5/99)