FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 018 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P09665**

1. Corporation Name

REDMAN RETAIL, INC.

Principal Place	of Business	Mailing Address							
2701 UNIVERSIT	Y DA	2701 UNIVERSITY DR			l				
SUITE 320		SUITE 320				DO NOT WRITE IN THIS SPACE			
AUBURN HILLS MI 48326 US		AUBURN HILLS MI 48326 US			1	3. Date Incorporated or Qualifed			
03		00				04/07/1986			
0.01	( Decision	2a. Mailing Address				4. FEI Number	Δr	plied For	
——— ·	ace of Business	⊢ ř			ļ	75-2021720		ot Applicable	
21	4	Suite, Apt. #, etc.		•		10 202 1720		Additional	
Suite, Apt. i	#, etc.					5. Certifcate of Status Desired		equired	
22 City & State		27 City & State	<del></del>			6. Election Campaign Financing		May Be	دنت
<b>⊢</b> ¬ ′		28				Trust Fund Contribution	•	to Fees	
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the current year			
	25	29 3	_	,		Personal Property Tax.	Yes	<b>∑</b> \$\(\dols\)	
24	9. Name and Address of Current		1			10. Name and Address of New Register	red Agent		
	V. Halle and Address of Content	Kogiotorou Agoni		81 Name					
CT C	ORPORATION SYSTEM								
1200 S. PINE ISLAND ROAD			- 1	82 Street A	Addres	ss (P.O. Box Number is Not Acceptable)	•	ţ	
PLAN	ITATION FL 33324		ŀ	83				_	
			ſ	84 City			<b>-</b> L   85   Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				vove named	cornor	ation submits this statement for the numosi	e of changing its	registered	
l office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auti	nonzed	by the corpo	pration	's board of directors. I hereby accept the ap	ppointment as re	egistered	
SIGNATURE				<del></del>		when reinstating) DATE			
	Signature, typed or printed name of registered agent		egistered a	Agent signature re	equired v	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	ć
12.	OFFICERS AND	DELETE	1.1 TIT	_		<del></del>		Addition	3
TITLE		C OLLLIC	3-7 (1)		01		J I Change		-
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14. I 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 10 or changed, or op an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP