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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90012 038 \*\*\*150.00

0342786

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000019948**

1. Corporation Name  
**REDMAN GROUP, INC.**



Principal Place of Business: ~~3000 N FEDERAL HWY BLDG 8 FT LAUDERDALE FL 33309-1416~~

Mailing Address: ~~PO BOX 15914 PLANTATION FL 33319~~  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/12/1993**

2. Principal Place of Business  
 21 **22851 Warrick Wood Ct**

2a. Mailing Address  
 26 **PO Box 880006**

22 Suite, Apt. #, etc.

23 **Boca Raton - FL**

28 **Boca Raton, FL**

24 **33433** 25 **USA** 29 **33488** 30 **USA**

4. FEI Number  
**65-0391241**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**REDMAN, THOMAS**  
~~3000 B FEDERAL HWY BLDG 8 FT LAUDERDALE FL 33309-1416~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**22851 WARRICK WOOD COURT**

83

84 **BOCA RATON** 85 **FL** 86 **33433**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |                                 |
|----------------------------|---------------------------------|---------------------------------|
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME                       | <b>REDMAN, THOMAS</b>           |                                 |
| STREET ADDRESS             | <b>22851 WARRICK WOOD COURT</b> |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33433</b>      |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 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)(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, with all other like empowered.

SIGNATURE: *Thomas Redman* **THOMAS REDMAN** 4.6.99 561.883.6119  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)