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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

#### DOCUMENT # P93000081441 (6)

### REDPATH INVESTMENT CORPORATION

Principal Place of Business Mailing Address 1018 GRAND CT. 1018 GRAND CT. HIGHLAND BEACH FL 33487

# **FILED** Apr 06 1998 8:00am Secretary of State



HIGHLAND BEACH FL 33487 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0458289 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPROLITE CORPORATION 1 SE 3 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1400-A** в3 **MIAMI FL 33131** 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRELIDENT □ DELETE TITLE 1.1 70 LE Change NAME WEXELMAN, STUART 1.2 NAME **5599 PORTOFINO** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE Change Addition TITLE 2.1 TILLE WEXELMAN, HOWARD NAME 2.2 NAME STREET ADDRESS 2476 N.W. 64TH ST. 2.3 STREET ADDRESS **BOÇA RATON FL 33496** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C!TY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 51 THE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 receives 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.