

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:35

DOCUMENT # P94000003029 (3)

1. Corporation Name

REDEMPTIVE RESOURCES CORPORATION

Principal Place of Business

2501 BRISTOL DRIVE
SUITE 9A
W. PALM BEACH FL 33409

Mailing Address

2501 BRISTOL DRIVE
SUITE 9A
W. PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

4. FEI Number
65-0457392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2101 AUSTRALIAN AVE.

2a. Mailing Address

26 2101 AUSTRALIAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

24 33407

25

Zip

Country

29 33407

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINOR, DONALD K
2501 BRISTOL DRIVE
SUITE 9A
W. PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2101 AUSTRALIAN AVENUE

83

84 City

FL

85 Zip Code
33407

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BEAN, JAMES A
STREET ADDRESS 425 NE 14TH AVE.
CITY-STATE-ZIP BOYNTON BEACH FL 33435

TITLE D
NAME RAY, HAROLD C
STREET ADDRESS 4830 DORCHESTER MEWS
CITY-STATE-ZIP W. PALM BEACH FL 33415

TITLE D
NAME RICHARDSON, EARL
STREET ADDRESS 612 - 31ST ST.
CITY-STATE-ZIP W. PALM BEACH FL 33407

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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, accompanied by an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

17 MARCH 95

407-832-6077

Date

Telephone #