

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029391 (7)**

1. Corporation Name:

FLAMINGO RED, INCORPORATED

Principal Place of Business

Mailing Address

360 CYPRESS DR
TEQUESTA FL 33469

360 CYPRESS DR
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

n/a

4. FBI Number

65-0477012

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

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYKE, CAROL
360 CYPRESS DR
TEQUESTA FL 33469

81 Name

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

83

84 City

FL

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 maintaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P
NAME: DYKE, BEN
STREET ADDRESS: 318 COUNTRY CLUB DR
CITY, ST, ZIP: TEQUESTA FL 33469

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE: V
NAME: DYKE, CAROL
STREET ADDRESS: 360 CYPRESS DR
CITY, ST, ZIP: TEQUESTA FL 33469

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE: T
NAME: STETZER, DAVID
STREET ADDRESS: 10661 SW 108 AVE
CITY, ST, ZIP: MIAMI FL 33176

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS: 300 ALT A-1-A, #0101
3.4 CITY, ST, ZIP: Jupiter, FL 33477

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do 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)(g), 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 liquidator 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 in an attachment with an address.

SIGNATURE: *Carol Dyke* Carol Dyke, Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-95
DATE

407-746-0444
TELEPHONE NUMBER