

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
John B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SEP 11 1995

RECORDS & COMMUNICATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057523 (0)**

1. Corporate Name
RED CELL INC.

Principal Place of Business
**1626 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

Mailing Address
**1626 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **08/03/1994** 3a. Date of Last Report

4. FID Number **59-325-8461** Applied For
Not Applicable

5. Certificate of State Dearest **\$8.75 Additional
Fee Required**

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

7. Mailing Address of the Corporation under 1993 Florida Statute Yes No

2. Principal Officers

2a. Mailing Address

21. Name

26. State

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, PATRICK
1626 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. I, the undersigned, as Secretary, Treasurer, and Director of the above named corporation, certify this statement for the purpose of changing its registered office to the place of business 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 the registered agent under the Florida Statutes.

SIGNATURE

Pat Sullivan

OFFICER'S AND DIRECTOR'S

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995
12-1 NAME PAT SULLIVAN City Tallahassee, FL 32301	13-1 NAME 13-1B STREET ADDRESS 13-1C CITY & STATE
12-2	13-2
12-3	13-3
12-4	13-4
12-5	13-5
12-6	13-6
12-7	13-7
12-8	13-8
12-9	13-9
12-10	13-10
12-11	13-11
12-12	13-12
12-13	13-13
12-14	13-14
12-15	13-15
12-16	13-16
12-17	13-17
12-18	13-18
12-19	13-19
12-20	13-20

14. I certify and verify that the information supplied with this filing is voluntarily furnished and does not apply for this company as has been stated in Section 11.01 of the 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 bear the same responsibility as if made under oath. That no one else is in charge of the preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report with the Secretary.

SIGNATURE:

Pat Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95