

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059952 (9)**

1. Corporation Name
RED HOTS, INC.

Principal Place of Business: **8034 BAY HAVEN DRIVE SEMINOLE FL 34646**
Mailing Address: **8034 BAY HAVEN DRIVE SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report
4. FEI Number 59-326-1317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has adopted the antitakeover law (Chapter 1103/1993) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. County	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. County
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9. Name and Address of Current Registered Agent VERDENSKY, THOMAS K K 8034 BAY HAVEN DRIVE SEMINOLE FL 34646	10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code
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11. Pursuant to the provisions of Sections 607.02(2) 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 of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: VERDENSKY, THOMAS K 12.2 STREET ADDRESS: 8034 BAY HAVEN DRIVE 12.3 CITY, STATE, ZIP: SEMINOLE FL 34646	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, STATE, ZIP:		
12.4 NAME: BEBELL, DENISE D 12.5 STREET ADDRESS: 20228 GULF BOULEVARD 12.6 CITY, STATE, ZIP: INDIAN SHORES FL 34648	13.7 TITLE: 13.8 NAME: 13.9 STREET ADDRESS: 13.10 CITY, STATE, ZIP:	Remove	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: BEBELL, SCOTT A 12.8 STREET ADDRESS: 20228 GULF BOULEVARD 12.9 CITY, STATE, ZIP: INDIAN SHORES FL 34648	13.11 TITLE: 13.12 NAME: 13.13 STREET ADDRESS: 13.14 CITY, STATE, ZIP:	Remove	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: PETERS, AMY E 12.11 STREET ADDRESS: 8034 BAY HAVEN DRIVE 12.12 CITY, STATE, ZIP: SEMINOLE FL 34646	13.15 TITLE: 13.16 NAME: 13.17 STREET ADDRESS: 13.18 CITY, STATE, ZIP:	VERDENSKY AMY E 8034 BAYHAVEN DR SEMINOLE FL 34646	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: 12.14 STREET ADDRESS: 12.15 CITY, STATE, ZIP:	13.19 TITLE: 13.20 NAME: 13.21 STREET ADDRESS: 13.22 CITY, STATE, ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME: 12.17 STREET ADDRESS: 12.18 CITY, STATE, ZIP:	13.23 TITLE: 13.24 NAME: 13.25 STREET ADDRESS: 13.26 CITY, STATE, ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is verifiably true and correct and that the description stated in Section 607.02(2), Florida Statutes, is correct and that the information made available is the official report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of the report requested to review this report as required by Chapter 192, Florida Statutes, and that my name appears in the list of officers, directors and persons authorized to execute this report as required by Chapter 192, Florida Statutes.

SIGNATURE: *Thomas K Verdensky* **PRGSDENT** **4/28/95** **399-9105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR