

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000065168 (3)

1. Corporation Name
REDHEATH AND ASSOCIATES INC.

Principal Place of Business

777 BAYSHORE DR., APT. 903
FT. LAUDERDALE FL 33304

Mailing Address

P.O. BOX 11523
FT. LAUDERDALE FL 33339-1523
US



3. Date Incorporated or Qualified
08/21/1995

3a. Date of Last Report
04/17/1996

4. FEI Number
65-0612586

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 2385 N.W. 34TH AVENUE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 COCONUT CREEK, FL

27 Suite, Apt. #, etc.

23 33066

28 City & State

24 Zip Country
25 U.S.A.

29 Zip Country
30

9. Name and Address of Current Registered Agent

WILLIAM JOHNSTONE
777 BAYSHORE DRIVE, APT. 903
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name WILLIAM JOHNSTONE
82 Street Address (P.O. Box Number is Not Acceptable)
2385 N.W. 34TH AVENUE
83 COCONUT CREEK
84 City FL 85 Zip Code 33066

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)

DATE

04/28/97

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	JOHNSTONE, WILLIAM	
STREET ADDRESS	777 BAYSHORE DRIVE, APT. 903	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMKO, SANDRA	
STREET ADDRESS	777 BAYSHORE DRIVE, APT. 903	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMKO, JAY	
STREET ADDRESS	777 BAYSHORE DRIVE, APT. 903	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTHUR, GEORGE	
STREET ADDRESS	1400 N.W. 9TH AVENUE, APT. 9	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM JOHNSTONE	
1.3 STREET ADDRESS	2385 NW 34TH AVENUE.	
1.4 CITY - ST - ZIP	COCONUT CREEK, FL. 33066	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDRA AMKO	
2.3 STREET ADDRESS	2385 N.W. 34TH AVENUE	
2.4 CITY - ST - ZIP	COCONUT CREEK, FL. 33066	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAY AMKO.	
3.3 STREET ADDRESS	2385 N.W. 34TH AVENUE.	
3.4 CITY - ST - ZIP	COCONUT CREEK, FL 33066	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 if changed, or on an attachment with an address.

SIGNATURE: W. Johnstone WILLIAM JOHNSTONE

04/28/97 (954) 969-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)