

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

2385 NW 34TH AVE  
COCONUT CREEK FL 33066  
US

Mailing Address

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

65-0612586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1400 N.W. 9TH AVENUE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 #8

27

City & State

23 BOCA RATON, FLORIDA

City & State

28

Zip

24 33486

Country

25 U.S.A

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WILLIAM JOHNSTONE  
2385 NW 34TH AVE  
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name WILLIAM JOHNSTONE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1400 N.W. 9TH AVENUE  
83 #8  
84 City BOCA RATON FL 85 Zip Code 33486

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

W. Johnstone

07/08/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME JOHNSTONE, WILLIAM  
STREET ADDRESS 2385 NW 34TH AVE  
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE D  
NAME AMKO, SANDRA  
STREET ADDRESS 2385 NW 34TH AVE  
CITY-ST-ZIP COCONUT CREEK FL ☒ DELETE

TITLE D  
NAME AMKO, JAY  
STREET ADDRESS 2385 NW 34TH AVE  
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE D  
NAME ARTHUR, GEORGE  
STREET ADDRESS 1400 N.W. 9TH AVENUE, APT.9  
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition  
1.2 NAME JOHNSTONE, WILLIAM  
1.3 STREET ADDRESS 1400 N.W. 9TH AVENUE #8  
1.4 CITY-ST-ZIP BOCA RATON, FL 33486

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME AMKO, JAY  
3.3 STREET ADDRESS 1635 N.E. 4TH PLACE  
3.4 CITY-ST-ZIP FT LAUDERDALE 33301

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

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

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

14. I 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

07/08/98

561-368 0148

CR2E034 (5/98)