PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90015 046 ***150.00

DOCUMENT # P96000003549 1. Corporat on Name

REDDY CAPITAL CORPORATION

Principal Place	e of Business	Mailing Address				<u>ا</u> ا	13 BEITARN (18 1816) B				II BJIHI V	1818 1816 1881
230 LOOKOUT PLACE		230 LOOKOUT PL										
230 LOOKOUT PLACE 200		200 LOOKOBT FL 200										
MAITLAND FL 32754		MAITLAND FL 32751			DO NOT WRITE IN THIS SPACE							
US		US					n corporated or	Qualifed				
·							<u> 2/1996 </u>				T.	
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI N					+	lied For
21		26				<u>59-33</u>	361 <u>682</u>			- 40		Applicable ditional
Suite, Art. #, etc.		Suite, Apt. #, etc.				5. Certifo	ate of Status E	esired		,	e Rec	
22		27								- 		
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Zip	Coun'ry	·	30				o poration owe n il Property Ta		ent year	r italigible Ye:	, 1	No
24	9. Name and Address of Currer		30				and Address		Registere			•
	9. Name and Address of Corre	it Kegisteleu Agelit	81	T Na	ame						_	
PIFE	RCEFIELD, DAVID S											
	LOOKOUT PLACE, SUITE 200		82	St	reet Ad 1	Iress (P.O. Bo	x Number is No	ot Accepta	able)			
	TLAND FL 32751		83	-								
1137 11	2.10 12 32/01		"									
			84	Ci	ty	_			F	85	Zip C	ode
11. Pursua it	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	es, the abov	e-na	med co	poration subm	its this stateme	ent for the eby accer	purpose of the ap	of changi	ng its o	egistered istered
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14. Herety 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 changes, or organ attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

4-15-99

(407)876-6585

CR2E034 (11/98)