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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083264 (7)

RED SAIL ENTERPRISES, INC.

							1			
Principal Place of Business Mailing Address										
445 RED SAIL WAY SATELLITE BEACH FL 32937		445 RED SAIL WAY SATELLITE BEACH FL 32937-3718								
						3. Date Incorporated or Qualified 10/07/1996	3a. Date	of Last Re	eport	
· · ·	Place of Business	2a. Mailing Address				4. FEI Number			plied For	
21		[26]							Applicable	
Suite, Apt.		Suite, Apt. #, etc.			:	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Bo				
23		28				Trust Fund Contribution	Ц	Added t		
Zip			1	Country		8. This corporation has liability for intendible tax under s. 199.032, Florida Statutes X Yes No				
24	25 Name and Address of Current		30]			Florida Statutes 10. Name and Address of New Re				
9, Name and Address of Current Registered Agent				IΤΝ	10. Name and Address of New Negratered Agent					
	th, robert g red sail way						4 F 4 I F 4 F 10 B 4 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F			
	ELLITE BEACH FL 32937		82	S	treet Addres	et Address (P.O. Box Number is Not Acceptable)				
SAI	ELLIE DEACH FL 32837	•	83)						
			84		ity			35 Zip (
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 ages	nt and title it applicable. (NOTE	Registered A	jent si	gnature required	when reinstating)	DATE			
12.	OFFICERS AND		18.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D	[] OFFETE	1.1 TITLE		PC)	85	Change	Addition	
NAME	SMITH, ROBERT G		1.2 NAME							
STREET ADDRESS	445 RED SAIL WAY		1.3 STREET ADD		RESS					
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY -	ST-21						
TITLE	D	☐ DELETE	2.1 TITLE		V5	<i>TD</i>	X	l Change	Addition	
NAME	SMITH, CHARLOTTE A		2.2 NAME							
STREET ADDRESS	445 RED SAIL WAY		2.3 STREE	1 ADD	PRESS					
CITY-ST-ZIP	SATELLITE BEACH FL 32937		2.4 CITY	S1 - Z				<i></i>		
TITLE	D	☐ DELETE	3.1 TITLE			9	×	Change	Addition	
NAME	SMITH, TIMOTHY J		3.2 NAME							
STREET ADDRESS	305 HWY A1A, APT. 16		3.3 STREE	TADD	RESS					
CITY-ST-ZIP	SATELLITE BEACH FL 32937	**	3.4. CITY	- \$1 - 7	IP					
TITLE	D	☐ DELETE	4.1 1f1LE				L_] Change	Addition	
NAME	HUNSUCK, TAMARA L		4. 2 NAM	ŀ						
STREET ADDRESS	136 THOMPSON		4.3 STREE	T ADD	PRESS					
CITY-ST-ZIP	LANGLEY AFB VA 23665		4.4 CITY-	S1 - Z1	Р					
TITLE	D	☐ DELETE	5.1 1ITLE					Change	Addition	
NAME	SMITH, CHRISTOPHER M		5.2 NAME							
STREET ADDRESS	4704 MINOR CIRCLE		5.9 STRF	T ADD	ORFSS					
CITY-ST-ZIP	ALEXANDRIA VA 22312		54 CITY-	ST - 71	ρ					
TITLE		☐ DELETE	61 THILE					Change	Addition	
NAME			6 S NVME			•				
STREET ADDRESS			6.8 STREE	T ADE	RESS					

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 eath, 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.

4/29/97

407-784-2322

Robert G. Smith Robert G. SMITH