

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90017 027 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000082503

1. Corporation Name
 REDICO ENTERPRISES, INC.



Principal Place of Business
 5760 SHIRLEY ST.
~~3007 UNIT 14~~
 NAPLES FL 34109

Mailing Address
~~2150 GOODLETTE ROAD~~
~~SUITE 307~~
~~NAPLES FL 34102~~

← Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 5760 Shirley Street
 Suite, Apt. #, etc.
 22 UNIT 14
 City & State
 23 NAPLES
 Zip
 24 34109 Country
 25 US

2a. Mailing Address
 26 5760 Shirley Street
 Suite, Apt. #, etc.
 27 UNIT 14
 City & State
 28 NAPLES
 Zip
 29 34109 Country
 30 US

3. Date Incorporated or Qualified
 09/22/1997

4. FEI Number
 59-3472384 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 REDIC, JAMES P
 1535 NORTHGATE DRIVE
 NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REDIC, JAMES P	
STREET ADDRESS	1535 NORTHGATE DR.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REDIC, JO-EL M	
STREET ADDRESS	1535 NORTHGATE DR.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	REDIC, CAROL A	
STREET ADDRESS	1535 NORTHGATE DR.	
CITY-ST-ZIP	NAPLES FL 34105	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID J. SZEMPRUCH
4.3 STREET ADDRESS	2560 11th Circle
4.4 CITY-ST-ZIP	Naples, Fl. 34103
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 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, with all other like empowered.

SIGNATURE: Jo-El M. Redic 4/13/99 941-649-7900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)