

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000063994

1. Corporation Name
REDEMPTION SERVICES, INC.

Principal Place of Business
520 EAST McNAB ROAD #12
POMPANO BEACH FL 33060

Mailing Address
520 EAST McNAB ROAD #12
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

65-0854564

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32304-2525

10. Name and Address of New Registered Agent

81 Name Nancy A. VanHavere
82 Street Address (P.O. Box Number is Not Acceptable) 520 E. McNab Rd. #12
83
84 City Pompano Beach FL 85 Zip Code 33060

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 1/25/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	P.D. VAN HAVER, NANCY	520 EAST McNAB ROAD #12	POMPANO BEACH FL 33060	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 my address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE 1/25/99

Daytime Phone #

01/24/99

CR2E034 (11/98)