FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V38989** **(2)**

1. Corporation Name

RED HOOK MANAGEMENT, INC.

Principal Place of Business	Mailing Address
292 SO. COUNTY ROAD SUITE 199 PALM BEACH FL 33480-4245 US	292 SO. COUNTY ROAD SUITE 199 PALM BEACH FL 33480-4245 US

3. Date Incorporated or Qualified: **05/27/1992**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0334448** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHEIN, HAROLD I
292 SO. COUNTY ROAD
SUITE 199
PALM BEACH FL 33480

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must sign if changing registered agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIN, PHILIP		1.2 NAME		
STREET ADDRESS	125 HARTSHORN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIN, MICHAEL		2.2 NAME		
STREET ADDRESS	125 HARTSHORN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIN-FONTAINE, LESLIE		3.2 NAME		
STREET ADDRESS	125 HARTSHORN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIN, PHILIP		4.2 NAME		
STREET ADDRESS	125 HARTSHORNE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	SCHEIN, PHILIP M		5.2 NAME	Philip Schein	
STREET ADDRESS	292 SO. COUNTY ROAD, SUITE 199		5.3 STREET ADDRESS	125 Hartshorn Road	
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY-ST-ZIP	Providence, RI 02906	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	SCHEIN, LESLIE		6.2 NAME	Leslie Schein-Fontaine	
STREET ADDRESS	296 GROTTO AVE		6.3 STREET ADDRESS	125 Hartshorn Road	
CITY-ST-ZIP	PROVIDENCE RI		6.4 CITY-ST-ZIP	Providence, RI 02906	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption pursuant to 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 added on an attachment with an address.

SIGNATURE: P. Schein Treasurer Philip Schein 2/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)