

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90176 025 ***150.00

DOCUMENT # V38989

1. Corporation Name

RED HOOK MANAGEMENT, INC.

Principal Place of Business

**4440 PGA BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**1 RICHMOND SQUARE
PROVIDENCE RI 02906**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1992

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHEIN, HAROLD I
C/O WOLLETT & ASSOCIATES, P.A.
4440 PGA BLVD., SUITE 103
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHEIN, HAROLD	
STREET ADDRESS	1 RICHMOND SQUARE	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	SCHEIN, PHILIP	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHEIN, MICHAEL	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHEIN-FONTAINE, LESLIE	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILIP SCHEIN	
STREET ADDRESS	125 HARTSHORN ROAD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESLIE SCHEIN-FONTAINE	
STREET ADDRESS	125 HARTSHORN ROAD	
CITY-ST-ZIP	PROVIDENCE RI 02906	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Schein

1/7/99 (401) 521-3000

Date

Daytime Phone #

CR2E034 (1/98)

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