

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V46123 (8)

1. Corporation Name

REDMARQ LTD., INC.

Principal Place of Business

308 PARK AVE., SOUTH  
WINTER PARK FL 32789  
US

Mailing Address

1400 BRIERCLIFF DR.  
ORLANDO FL 32806  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/22/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3125997

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

7. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MARQUEZ, EDUARDO L.  
1400 BRIERCLIFF DRIVE  
ORLANDO FL 32806

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DPT  
MARQUEZ, EDUARDO L.  
1400 BRIERCLIFF DRIVE  
ORLANDO FL 32806

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DVS  
REDWINE, MICHAEL S  
1400 BRIERCLIFF DRIVE  
ORLANDO FL

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number