SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** V49185 RED TOMATO, INC. Principal Place of Business Mailing Address 5968 RACHELLE DRIVE 5968 RACHELLE DRIVE SARASOTA FL 34235 SARASOTA FL 34235 3a. Date of Last Report 3. Date Incorporated or Qualified 07/06/1992 06/13/1995 4. FEI Number Applied For 2. Principal Place of Business 2a, Mailing Address 65-0392159 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032 Country Zip ZiD Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MATTHEWS, TERENCE 5209 26TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** 83 85 Zin Code 84 City 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 nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required which reinstating) Signature, typed or primed nanie of registered agent and theil applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)13. 12. OFFICERS AND DIRECTORS DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME BITHER, DON E. STREET ADDRESS **5968 RACHELLE DEIVE** 1.3 STREET ADDRESS SARASOTA FL 1.4 C(TY-ST-ZIP CITY-ST-ZIP DELETE Change Addition STUDIE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 1/11/16 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TIT. € TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST ZIP CITY-ST-ZiP 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 119 07(3)(k). Florida Statutes I further certify that the information indipole with rins iming is voluntarily reinfined all obes not quarry for the exemption stated in decident in a control property from the information indicated on this annual report or supplemental annual report is true and accurate and that my signatures shall have the same legal effect as if made under oath; that I am an officer or display of the exportation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and on an attachment with an address that my name appears in Block 12 or B

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: