

**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 CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23697** (6)  
 1. Corporation Name  
**REDSTONE SECURITIES, INC.**



Principal Place of Business Mailing Address  
**101 FAIRCHILD AVE PLAINVIEW NY 11803 US** **101 FAIRCHILD AVE PLAINVIEW NY 11803 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.		04/03/1989	05/01/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		29 Zip		13-3389664	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRINKLEY, W. MICHAEL 2881 E. OAKLAND PARK BOULEVARD SECOND FLOOR FORT LAUDERDALE FL 33306				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (If 30B Registered Agent's signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURCELL, GARY			12 NAME			
STREET ADDRESS	3648 LORRIE DR			13 STREET ADDRESS			
CITY-ST-ZIP	OCEANSIDE NY			14 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAUNDRIE, THOMAS			22 NAME			
STREET ADDRESS	22 RAYMOND COURT			23 STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY NY			24 CITY-ST-ZIP			
TITLE	TDS	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELZ, RICHARD			32 NAME			
STREET ADDRESS	34 SCOTCHPINE DRIVE			33 STREET ADDRESS			
CITY-ST-ZIP	ISLANDIA NY			34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Richard Belz* RICHARD BELZ 4/10/96 576-576-3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)