

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000373 (1)

1. Corporation Name
RED KAP INDUSTRIES, INC.



Principal Place of Business 545 MARIOTT DRIVE NASHVILLE TN 37210	Mailing Address P. O. BOX 1022 ATTN: TAX DEPT READING PA 19603-1022 US
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3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 62-1517281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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	DP	<input type="checkbox"/> DELETE
NAME	R H MATTHEWS	
STREET ADDRESS	545 MARIOTT DRIVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GRISKA, JASON W	
STREET ADDRESS	545 MARIOTT DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCPHERSON, CHARLES	
STREET ADDRESS	545 MARIOTT DR	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TARNOSKI, LORI M	
STREET ADDRESS	1047 NORTHPARK ROAD	
CITY-ST-ZIP	WYOMISSING PA 19610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUGH, L. R.	
STREET ADDRESS	1047 N. PARK RD	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, M.J.	
STREET ADDRESS	1047 N. PARK RD	
CITY-ST-ZIP	WYOMISSING PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Tax Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R. Lipinski	
1.3 STREET ADDRESS	1047 N. Park Rd	
1.4 CITY-ST-ZIP	Wyomissing, PA 19603	
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 do 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.

SIGNATURE: *R. Lipinski* **R. Lipinski** **4/23/97** **610-378-1151**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)