

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gwendolyn B. Norman
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **470421** (9)

1. Corporation Name
RICHVILL INVESTMENT INC.

Principal Office of Business: **C/O ARTHUR P. VILLWOCK
2161 PALM BEACH LAKES BLVD #307
WEST PALM BEACH FL 33409**

Main Office Address: **C/O ARTHUR P. VILLWOCK
2161 PALM BEACH LAKES BLVD #307
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

2. Physical Name of Corporation: **21**

2a. Mailing Address: **26**

22. State Agent Name: **27**

23. City & State: **28**

24. **25** **29** **30**

3. Date last reported or dissolved: **02/19/1975**

3a. Date of last Report: **04/19/1994**

4. FEI Number: **59-1624293**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**VILLWOCK, ARTHUR P
2161 PALM BCH LAKES BLVD
ROOM 307
WEST PALM BCH FL 33409**

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____

FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0105 and 607.0107, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent or both. If the 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 imposed by Sections 607.0105 and 607.0107, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	VST VILLWOCK, ARTHUR P 2161 PALM BCH LAKES BLVD W PALM BCH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	
CITY & STATE		1. CITY & STATE	
OFFICER	PD SCHULER, RICHARD D 1615 FORUM PLACE #4D W PALM BCH FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
OFFICER	D VILLWOCK, ARTHUR P 2161 PALM BCH LAKES BLVD W PALM BCH FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and correct and equally for the exceptions stated in Section 119.032(1)(b), Florida Statutes. I further certify that this information is reliable. The name on report of supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This report shall be a public record of the corporation and the name of the person who prepared the report as required by Chapter 407, Florida Statutes, and that my name appears in Block C of Block C of the report as an attached with an address.

SIGNATURE: *Arthur P. Villwock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur P. Villwock

4/28/95