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FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003345 (6)**

1. Corporation Name

**WILDER RICHMAN MANAGEMENT CORPORATION**

Principal Place of Business

RIVERCREST APARTMENTS  
3325 RIVERCREST DR., #110  
MELBOURNE FL 32935  
US

Mailing Address

840 5TH AVE  
VERO BEACH FL 32960  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/16/1993**

4. FEI Number

**13-2996253**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ 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

9. Name and Address of Current Registered Agent

BERGHUIS, KATHLEEN  
RIVERCREST RACQUET & HEALTH CLUB APT.  
3325 RIVERCREST DR., #110  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name **REBECCA SMITH**

82 Street Address (P.O. Box Number is Not Acceptable)

**SAME**

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

**ROY PINGITORE - ORIGINAL U.P.**

(NOTE: Registered Agent signature required when reinstating)

**1/6/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCP  
RICHELSON, ERIC**  
STREET ADDRESS **570 TAXTER ROAD, STE. 420**  
CITY-ST-ZIP **ELMSFORD NY 10523**

TITLE ☐ DELETE

NAME **RVP  
PINGITORE, ROY**  
STREET ADDRESS **840 5TH AVE**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: **ROY PINGITORE**

**1/6/98**

**561-770-4440**

CR2E034 (10/97)