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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business

6306 WAXMYRTLE CR.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

**ULRICH INVESTMENT CORPORATION** 

Mailing Address

6306 WAXMYRTLE CR.

**FILED** 

Jun 11 1997 8:00am

Secretary of State

TAMARAC FL	33319		TAMARAC	TAMARAC FL 33319-3552									
								3.	Date Incorporate <b>06/01/1987</b>	d or Qualified		ate of Last F 01/1996	Report
2. Principal P	lace of Busin	1055	2a. Mailin	2a. Mailing Address				4.	FEI Number			A	pplied For
21			26						59-2819928	}		N	ot Applicable
Suite, Apt.			27					5.	Certificate of Sta	tus Desired	\$8.75 Additional Fee Required		
City & Stat	te		City & <b>28</b>	City & State				6.	Election Campaig Trust Fund Contri				May Be to Fees
Zip	_	Country	Zip	Zip				8.	8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30						Florida Statutes Yes T No						
9. Name and Address of Current Registered Agent						10. Name and Address of New R				ess of New Reg	egistered Agent		
		(S, PAMELA M., EC	) <b>.</b>			61	Name				•		
	SE 10TH S	STREET LE FL 33316					Street A	ddress (F	P.O. Box Number i	s Not Acceptab	le)		
FT.													
						83							
						84	City				FL	1	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 applicat	ole. (NO1)	E: Registered	d Age	nt signature r	nertw benuga	reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			,	ADDITIONS/CHAN	IGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	P			DELETE	1.1 ((	!LE						☐ Change	☐ Addition
NAME		Steven L.			1.2 NA	ME							
STREET ADDRESS		XMYRTLE CIRCLE			1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	TAMARA	C FL			1.4 CF	TY-S	T - ZIP						
TITLE	ST			DELETE	21][]	TLE						Change	Addition
NAME		RAGNHILD, K					me Reet address						
STREET ADDRESS		XMYRTLE CIR.											
CITY-ST-ZIP	TAMARA	C FL		-	2. 4 CI		T · ZIP		·				
TITLE				DELETE	3.1 7(1	ΙLE						Change	☐ Addition
NAME					3.2 NA	ME							
STREET ADDRESS					3.3 \$1	REET	ADDRESS						
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NAME					4. 2 N/		-						
STREET ADDRESS					4.3 S1	REET	ADORESS						
CITY-ST-ZIP				T arieve	4.4 CI		T-ZIP						
TITLE		4		☐ DELETE	5.1 117							Change	Addition
NAME					5.2 NA	-	1						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE	5.4 CI		I - ZIP					<del></del>	
TITLE				DELETE	61717							Change	Addition
NAME					6.2 NA				1				
STREET ADDRESS					6.3 ST	REET.	ADDRESS						

To 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 epoph 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 chapted, or or an attachment with an address.