

**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 # M65405 (6)
1. Corporation Name
STEVEN RICHARDS & CO.



Principal Place of Business: **3623 BERGER ROAD LUTZ FL 33549**
Mailing Address: **3623 BERGER ROAD LUTZ FL 33549**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1988	3a. Date of Last Report 05/01/1995
21				4. FEI Number 59-2890292	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, SMITTY 3802 EHRlich ROAD SUITE 210 SUITE 200 TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

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]* (DATE: **6/17/96**)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	DP BOSCO, STEVE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3623 BERGER RD.	13 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	14 CITY - ST - ZIP	
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY - ST - ZIP	
CITY - ST - ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
TITLE		33 STREET ADDRESS	
NAME		34 CITY - ST - ZIP	
STREET ADDRESS		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		42 NAME	
		43 STREET ADDRESS	
TITLE		44 CITY - ST - ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE		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 of this report, or an attachment with an address.

SIGNATURE: *[Signature]* (813)9690044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)