FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 JAN 24 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000051687 (8)**

1. Corporation Name
FLOOD RESCUE INC.

Principal Place of Business
7501 N.W. 66TH TERRACE
TAMARAC FL 33321

Mailing Address
7501 N.W. 66TH TERRACE
TAMARAC FL 33321

3. Date Incorporated or Qualified: **07/01/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 215 NE 32nd Ct
Suite, Apt. #, etc.
22
City & State
23 Ft. Lauderdale FL
Zip
24 33334
Country
25 Broward

2a. Mailing Address
26 7501 N.W. 66 Terr.
Suite, Apt. #, etc.
27
City & State
28 TAMARAC FL.
Zip
29 33321
Country
30 Broward

4. FEI Number: 65-0607860 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

RICHMAN, ROBERT
7501 N.W. 66TH TERRACE
TAMARAC FL 33321

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 (or typed or printed name) of registered agent (attach affidavit) — (NOTE: Registered Agent signature required when name is changed) — DATE

12. OFFICERS AND DIRECTORS

TITLE: DP ☐ DELETE
NAME: RICHMAN, ROBERT
STREET ADDRESS: 7501 NW 66TH TER
CITY-ST-ZIP: TAMARAC FL 33321

TITLE: V ☐ DELETE
NAME: RICHMAN, SHEILA
STREET ADDRESS: 7501 NW 66TH TER
CITY-ST-ZIP: TAMARAC FL 33321

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

500001707755
-02/06/96--01083--005
****200.00 ****200.00

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Richman — Robert Richman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)