

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

**APPROVED  
AND  
FILED**

**95 APR 24 AM 11:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # H75172 (7)**

1. Corporation Name  
**RICHLAND DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address

**6301 WINDING LAKE DR  
JUPITER FL 33458  
US**                                      **6301 WINDING LAKE DRIVE  
JUPITER FL 33458  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

22      27

City & State                              City & State

23      28

Zip                      Country                      Zip                      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**09/09/1985**                                      **02/15/1994**

4. FEI Number                                      Applied For

**59-2609754**                                      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

**SIMPSON, MASON  
25 SADDLEBACK RD  
TEQUESTA FL 33488**

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, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SIMPSON, MASON</b>
STREET ADDRESS	<b>25 SADDLEBACK ROAD</b>
CITY - ST - ZIP	<b>TEQUESTA FL</b>
TITLE	<b>VST</b>
NAME	<b>GALUI, GENE</b>
STREET ADDRESS	<b>3 GLENCAIRN RD.</b>
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>D</b>
NAME	<b>DIVOSTA, OTTO B.</b>
STREET ADDRESS	<b>11818 TURTLE BEACH RD.</b>
CITY - ST - ZIP	<b>NORTH PALM BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gene Galui*      *Gene Galui*      **4-6-95**      **407-744-2245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #