

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

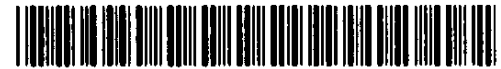


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088636 (2)

1. Corporation Name

RIGD ASSOCIATES, INC.



Principal Place of Business

Mailing Address

5159-B BRISATA CIRCLE
BOYNTON BEACH FL 33437

5159-B BRISATA CIRCLE
BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4100 N. POWERLINE RD

26 4100 N. POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P-6

27 P-6

City & State

City & State

23 POMPANO BEACH FL

28 POMPANO BEACH FL

Zip

Zip

24 33073

25 BROWARD

29 33073

30 BROWARD

4. FEI Number

65-0623987

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

10. Name and Address of New Registered Agent

PEPIN, ROGER
5159-B BRISATA CIRCLE
BOYNTON BEACH FL 33437

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 reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME PEPIN, ROGER
STREET ADDRESS 5159-B BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME PEPIN, GAIL
STREET ADDRESS 5159-B BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PEPIN, ILYSE
STREET ADDRESS 5159-B BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PEPIN, DAVID
STREET ADDRESS 5159-B BRISATA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER A. PEPIN

26 JULY 96

Date

Daytime Phone

954-979-1168

CR2E034 (3/96)