

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

FILED

Apr 10 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Morton</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # 467471 (9)**

1. Corporation Name  
**RICHARD M. SEGAL, INC.**

Principal Place of Business

**2083 SIESTA DR  
SARASOTA FL 34239  
US**

Mailing Address

**2083 SIESTA DR  
SARASOTA FL 34239-5232  
US**



3. Date Incorporated or Qualified **01/14/1975** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **2083 SIESTA DR** 26 **SAME**  
22 **SARASOTA FL** 27 Suite, Apt. #, etc.  
23 **34239** 28 City & State  
24 Zip 25 Country **SARASOTA** 29 Zip 30 Country

4. FEI Number **59-1566245** 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

**SEGAL, RICHARD M.  
2083 SIESTA DR.  
SARASOTA FL 33579**

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 *Richard M. Segal* DATE **4/8/97**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SEGAL, RICHARD M.</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3638 COUNTRY PLACE BLVD.</b>          | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>SARASOTA FL 34233</b>                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SEGAL, LINDA C.</b>                   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3638 COUNTRY PLACE BLVD.</b>          | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>SARASOTA FL 34233</b>                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - ZIP                                   |   |

14. I do 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 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 of this report, or on an attachment with an address.

SIGNATURE: *Richard M. Segal* DATE: **4/8/97** 941-957-0962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)