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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 694336

1. Corporation Name

RICH EI	NTERPRISES OF FORT LAI	uderdale, inc.				
Principal Place of Business Mailing Address  C/O GORDON M. RICH  2555 S.W. 30TH AVENUE  FT. LAUDERDALE FL 33312  Mailing Address  C/O GORDON M. RICH  2555 S.W. 30TH AVENUE  FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 07/13/1981		
<del> </del> 1	Place of Business	2a. Mailing Address		4. FEI Number	Applie	d For
21 Suite A-A	• ·	26		59-1660380		oplicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> Addi Fee Requir	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May	y Be
23		28		Trust Fund Contribution	Added to Fe	ees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25   9. Name and Address of Curre	29 Agent	30	Personal Property Tax.	Yes 17	No
	v. Hame and Address of Curre		81 Name	10. Name and Address of New Registere	a Agent	
RICH	H. GORDON M.					
2555 S.W. 30TH AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
FT. I	LAUDERDALE FL 33312		83			1 1 1
	•					
20	· .		84 City	F	85 Zip Code	e î
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607 1508, Florida Statu of Florida, Such change was a	ites, the above-named corp authorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its region	istered ered
adent la	ım tamıllar with, and accept the oblida	ations of Section 607 0505. Flo	orida Statutes			
SIGNATURE	•	•				<del></del>
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Agent signature require	d when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age	•			AND DIRECTORS	IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS Al	ent and title if applicable. (NOTI	E: Registered Agent signature require	d when reinstating) DATE	AND DIRECTORS	
SIGNATURE  12.  TILE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTI	E: Registered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE	AND DIRECTORS	IN 12
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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90046 003 \*\*\*150.00

CR2E034 (11/98)