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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F28026

(5)

RICHMOND HEIGHTS BARBERSHOP, INC.

FILED Mar 26 1998 8:00am Secretary of State

						1904/00 1718 1817 1817 801/8 1010 871 0101 0101 0101 0101 0101 0101	
Principal Place of Business Mailing Address							
RICHMOND HEIGHTS BARBER SHOP 14658 LINCOLN BLVD			% ROBERT CLIFFORD LINTON 14658 LINCOLN BLVD.				DO NOT WRITE IN THIS SPACE
MIAMI FL 33176 LUS			MIAMI FL 33176				3. Date Incorporated or Qualified
03							1
2	2. Principal Place of Business 2e. Maiting Address						04/01/1981 4. FEI Number Applied For
	rimupari	iace of Business	 1	Address			
21	Suite, Apt.	# alc	Suite, Apt. #, etc.				\$9.75 Additional
22	Oute, Apt.		27				Certificate of Status Desired Fee Required
	City & Stat	State City & State					6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
$\overline{}$	Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible
24		25	29	30			Personal Property Tax due June 30. Yes No
_		9. Name and Address of Curre	ni Registered Agent		ļ_,		10. Name and Address of New Registered Agent
	LIN	NTON, ROBERT CLIFFORD			81	Name	
19656 S.W. 118TH CT. MIAMI FL 33171					82	Street Add	dress (P.O. Box Number is Not Acceptable)
					83		
					84	City	■ 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12		Signature, typod or printed name of registered ag	O DIRECTORS	13.	a Age	int signature req	aurod when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL		P	DELETE	1.1 TI	TI F		☐ Change ☐ Addition
NAS		UNTON, ROBERT CLIFFORD	 -	1.2 N		1	
		46				*DDDCCC	18
	EET ADORESS	A 40 A A 41 Fr				ADDRESS	إ
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STREET ADDRESS					2.4 CITY-ST-ZIP		İ
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	eet address					ADDRESS	
	MY-ST-ZIP			_	5.4 CITY-ST-ZIP		
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NAM	-			6.2 N/		İ	
STR	EET ADDRESS			6.3 ST	REET.	ADDRESS	
CITY	-ST-ZIP			6.4 CI	TY-SI	T- ZIP	

4. 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.

SIGNATURE

Polest C. Liste

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