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 # F9300001018 (1)

FILED Apr 23 1998 8:00am Secretary of State

| RICHA | ARD BUTTERFIELD, INC. | | | | |
|---|---|-----------------------------------|------------------------------------|--|---|
| Principal Pla | ce of Business | Mailing Address | • *** | | |
| 11967 POLO | CLUB ROAD | 11967 POLO CLUB ROA | D | 1 | |
| WEST PALM BEACH FL 33414 WEST PALM BEACH FL 334 | | | | | |
| | | | | DO NOT WRITE IN THE | S SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| <u> </u> | Diagram of D | | | 02/19/1993 | |
| _ | ncipal Place of Business 2a. Mailing Addr | | | 4. FEI Number | Applied For |
| 21 Suite Ant | | | | 59- <u>268</u> 3183 | Not Applicable |
| 22 27 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | | City & State | | O Floring Committee Figure 1 | |
| 23 | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the co | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curren | | | 10. Name and Address of New Registere | |
| C | T CORPORATION SYSTEM | | 81 Name | | |
| 1200 So uth Pine Island Road | | | 82 Street Add | Address (P.O. Box Number is Not Acceptable) | |
| PL | ANTATION FL 33324 | | on on the | sicce (i .c. box Hamber is Hox Noceptable) | ĺ |
| | | | 83 | | |
| | | | 84 City | | ■ 85 Zip Code |
| | | | - " | F | L ' ' |
| 11. Pursuant | to the provisions of Sections 607.0502 | Pland 607.1508, Florida Statut | les, the above-named cor | rporation submits this statement for the purpose ation's board of directors. I hereby accept the a | of changing its registered |
| agent. I a | am familiar with, and accept the obliga | tions of, Section 607.0505, Fi | orida Statutes. | ation's board of directors, Thereby accept the a | ppointment as registered |
| SIGNATURE | | | | | |
| 12, | Signature, typod or printed name of registered ager OFFICERS AND | | E: Registered Agent signature requ | | |
| TITLE | CPVT OF TOLKS AIN. | DELETE | 13. 1.1 TULE | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 S Change Addition |
| NAME | WATERMAN, RICHARD | | 1.2 NAME | | Change Chaution 14 |
| | STREET ADDRESS 11967 POLO CLUB ROAD | | 1.3 STREET ADDRESS | | <u> </u> |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | İ | | | Į į |
| TITLE | 3 | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | SILK, JULES | _ | 2.2 NAME | | E one go |
| STREET ADDRESS | ATAF LABOUET ATAFET ANTIL EL GOD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DUM ADELDUM DA 40400 7000 | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 32 NAME | | . – |
| STREET ADDRESS | 1 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-2IP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | • | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 1116 | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | partifu that the information opening with | h this filian door not qualify fo | 6.4 City-St-ZiP | Section 119 07(3)(i) Florida Statutes I further | |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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