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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000379 (7)**

1. Corporation Name
RICHMOND PROPERTIES, INC.



Principal Place of Business 1415 FOULK ROAD, SUITE 200 FOULKSTONE PLAZA WILMINGTON DE 19803	Mailing Address 1415 FOULK ROAD, SUITE 200 FOULKSTONE PLAZA WILMINGTON DE 19803-2727
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3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 51-0352589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. Suite 205	26 Suite, Apt. #, etc. Suite 205
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, THOMAS E	1.2 NAME	
STREET ADDRESS	50 NORTH LAURA ST., 28TH FL.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALLEY, MICHAEL J	2.2 NAME	
STREET ADDRESS	50 NORTH LAURA ST., 28TH FL.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	2.4 CITY - ST - ZIP	
TITLE	SVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, CHARLES L	3.2 NAME	
STREET ADDRESS	1415 FOULD RD., STE 100	3.3 STREET ADDRESS	Suite 205
CITY - ST - ZIP	WILMINGTON DE	3.4 CITY - ST - ZIP	
TITLE	VPS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, DEANNA	4.2 NAME	
STREET ADDRESS	1415 FOULK RD. STE. #100	4.3 STREET ADDRESS	Suite 205
CITY - ST - ZIP	TAMPA FL 19803	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Robert Ruthman
STREET ADDRESS		5.3 STREET ADDRESS	16057 Tampa Blvd. W., Box 198
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Tampa FL 33647
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Shaker A. Youssef
STREET ADDRESS		6.3 STREET ADDRESS	1415 Foulk Rd, Ste 205
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Wilmington DE 19803

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Sandra Voss **REQUIRED** 4/21/97 (302) 477-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)