

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 STE 205 WILMINGTON DE 19803 US	Mailing Address 1415 FOULK ROAD, SUITE 200 STE 205 WILMINGTON DE 19803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1415 Foulk Road Suite, Apt. #, etc. 22 Suite 205 City & State 23 Zip 24	2a. Mailing Address 26 1415 Foulk Road Suite, Apt. #, etc. 27 Suite 205 City & State 28 Zip 29
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3. Date Incorporated or Qualified 01/25/1994	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	C/D
NAME	ROTHMAN, ROBERT	1.2 NAME	
STREET ADDRESS	16057 TAMPA BLVD BOX 198	1.3 STREET ADDRESS	100 N. Tampa Street, Suite 3675
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	PCOD	2.1 TITLE	P/CEO/D
NAME	YOUSSEF, SHAKER	2.2 NAME	Peter R. Porriño
STREET ADDRESS	1415 FOULK RD STE 205	2.3 STREET ADDRESS	One Landmark Square
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	Stamford, CT 06901
TITLE	SVP	3.1 TITLE	
NAME	BEALE, CHARLES L	3.2 NAME	
STREET ADDRESS	1415 FOULK RD STE 205	3.3 STREET ADDRESS	One Landmark Square
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	Stamford, CT 06901
TITLE	VPS	4.1 TITLE	
NAME	VOSS, DEANNA	4.2 NAME	
STREET ADDRESS	1415 FOULK RD STE 205	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	EVPI/D
NAME		5.2 NAME	Mark R. Sarlitta
STREET ADDRESS		5.3 STREET ADDRESS	One Landmark Square
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Stamford, CT 06901
TITLE		6.1 TITLE	VP/T
NAME		6.2 NAME	John R. Garthwaite
STREET ADDRESS		6.3 STREET ADDRESS	100 N. Tampa Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL 33602

14. I 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.

CR2E034 (10/97)