

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

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95 000000 666(6)**  
 1. Corporation Name  
**F. A. Richard & Associates, Inc.**

Principal Place of Business <b>1801 Clint Moore Rd.                  Ste. 106                  Boca Raton, FL 33487</b>	Mailing Address <b>2360 Fifth Ave.                  Mandeville, LA 70471</b>
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2. Principal Place of Business <b>21 1801 Clint Moore Rd.</b>	2a. Mailing Address <b>26 2360 Fifth Ave.</b>	3. Date Incorporated or Qualified <b>02/09/95</b>	3a. Date of Last Report <b>2/16/96</b>
Suite, Apt. #, etc. <b>22 Ste. 106</b>	Suite, Apt. #, etc. <b>27 Ste. 100</b>	4. FEI Number <b>72 0837 383</b>	Applied For Not Applicable
City & State <b>23 Boca Raton, FL</b>	City & State <b>28 Mandeville, LA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 33319</b>	Country <b>25 USA</b>	Zip <b>29 70471</b>	Country <b>30 USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>Stephanie King                  F. A. Richard &amp; Associates, Inc.                  1801 Clint Moore Rd., Ste. 106                  Boca Raton, FL 33487</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				<b>FL</b>		B5 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CEO/Director <input type="checkbox"/> DELETE
NAME	Richard, Francis A.
STREET ADDRESS	2360 Fifth Avenue
CITY-ST-ZIP	Mandeville, LA 70471
TITLE	President/Director <input type="checkbox"/> DELETE
NAME	Richard, M. Todd
STREET ADDRESS	2360 Fifth Ave.
CITY-ST-ZIP	Mandeville, LA 70471
TITLE	Secretary/Director <input type="checkbox"/> DELETE
NAME	Bell, Reed A.
STREET ADDRESS	2360 Fifth Ave.
CITY-ST-ZIP	Mandeville, LA 70471
TITLE	Treasurer, Director <input type="checkbox"/> DELETE
NAME	Dubuc, Louis R.
STREET ADDRESS	2360 Fifth Ave.
CITY-ST-ZIP	Mandeville, LA 70471
TITLE	Vice President/Director <input type="checkbox"/> DELETE
NAME	Clark, Dan
STREET ADDRESS	2360 Fifth Ave.
CITY-ST-ZIP	Mandeville, LA
TITLE	V/D <input type="checkbox"/> DELETE
NAME	Pettus, Eddie
STREET ADDRESS	204 Winchester Drive
CITY-ST-ZIP	Lafayette, LA 70593

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sturgis, David
1.3 STREET ADDRESS	204 Winchester
1.4 CITY-ST-ZIP	Lafayette, LA 70506
2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reynaud, Francis
2.3 STREET ADDRESS	2501 Cherry Ave. Ste. 300
2.4 CITY-ST-ZIP	Long Beach, CA 90806
3.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Calhoon, R. B. Jr.
3.3 STREET ADDRESS	2360 Fifth Ave.
3.4 CITY-ST-ZIP	Mandeville, LA 70471
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	700002216277
5.4 CITY-ST-ZIP	-06/18/97--01094--027 ***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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: *[Signature]* DATE: **5/12/97** DEDIMING PHONE #: **(604) 624-8383**

CR2E034 (9/96)