

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

FILED
Apr 09 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 # F97000003291 (8)

1. Corporation Name

RICHARDS & APPLEBY INC.



Principal Place of Business

Mailing Address

625 SW 9TH TERRACE
POMPANO BEACH FL 33069

625 SW 9TH TERRACE
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

22-3414948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 829 SE 9th Street

26 829 SE 9th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 203

27 Suite 203

City & State

City & State

23 Deerfield Beach FL

28 Deerfield Beach FL

Zip

Country

Zip

Country

24 33441

25 Broward

29 33441

30 Broward

9. Name and Address of Current Registered Agent

TUCHMAN, STEPHAN A
625 SW 9TH TERRACE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

STEPHAN A. TUCHMAN

82 Street Address (P.O. Box Number is Not Acceptable)

1700 COLONIAL RD

83

84 City

BOCA RATON

FL

85 Zip

33432

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	PC	<input type="checkbox"/> DELETE
NAME	RUBIN, JULIAN	
STREET ADDRESS	9 GATEHILL RD, NORTHWOOD, MIDDLESEX	
CITY-ST-ZIP	UNITED KINGDOM	

TITLE	VC	<input type="checkbox"/> DELETE
NAME	FIELD, BARBARA L	
STREET ADDRESS	76 MUSWELL ROAD, #102BE, LONDON	
CITY-ST-ZIP	UNITED KINGDOM	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FIELD, MITCHELL L	
STREET ADDRESS	76 MUSWELL ROAD, #102BE, LONDON	
CITY-ST-ZIP	UNITED KINGDOM	

TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCHMAN, STEPHAN A	
STREET ADDRESS	625 SW 9TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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	
5.4 CITY-ST-ZIP	

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 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:

STEPHAN A. TUCHMAN

3/31/98

954-4213670

CP2E034 (10/97)