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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G70223

(4)

1. Corporation Name

RICHYLOU INTERNATIONAL, INC.



Principal Place of Business
3035 5TH AVE. N.
ST. PETERSBURG FL 33713

Mailing Address
3035 5TH AVE. N.
ST. PETERSBURG FL 33713-6705

3. Date Incorporated or Qualified
11/16/1983

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

SWOBODA, RUDOLF G.
3035 5TH AVE. N.
ST. PETERSBURG FL 33713

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

4. FEI Number

59-2361016

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

CHESTER W. INGALLS CPA CFP

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

3495 FIFTH AVE NORTH

83

ST PETERSBURG.

84

City

FL

Zip Code

33713-9010

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

Chester W. Ingalls, CPA *CHESTER W. INGALLS CPA*

4/24/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
FIRMIN, L. T.
STREET ADDRESS ST. LUCIA, 75 ROYAL PARA
CITY-ST-ZIP EASTBOURNE SUSSEX UK

TITLE ☐ DELETE

NAME VD
FIRMIN, MADLEINE D.
STREET ADDRESS ST. LUCIA, 75 ROYAL PARA
CITY-ST-ZIP EASTBOURNE SUSSEX UK

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED

L.T. FIRMIN
17 APRIL 1997
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP2E034 (9/96)