FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) G70223 RICHYLOU INTERNATIONAL, INC. Principal Place of Business Mailing Address 3035 5TH AVE. N. 3495 TH AVE N ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1983 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2361016 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** INGALL, CHESTER W 3495 FIFTH AVE N 82 Street Address (P.O. Box Number is Not Acceptable) ST.PETERSBURG FL 33713 83 84 City 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** Signature, typed or printed name of registered againt and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1.1 TITLE FIRMIN, L. T FIRMIN LT NAME 1.2 NAME ST. LUCIA, 75 ROYAL PARA STREET ADDRESS 1.3 STREET ADDRESS 31 MONARCH SASTBOURNE SUSSEY BN265W **EASTBOURNE SUSSEX UK** 14 CITY-ST-ZIP CITY-ST-ZIP TITLE 21 TITLE FIRMIN, MADLEINE D. NAME 2.2 NAME FIRMIN MADELINE D **ST. LUCIA, 75 ROYAL PARA** STREET ADDRESS 2.3 STREET ADDRESS MONARCH GONS **EASTBOURNE SUSSEX UK** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

6.4 City-St-ZiP

14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

Addition

5.4 CITY - S1 - ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Block 12 or Block 13 if changed, or ori an attachment with an address.