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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90107 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H36203

1. Corporation Name
RCH, INC.

Principal Place of Business
**68 PRINCESS STREET
 QUEENSTON. ONTARIO LOS 1LO**

Mailing Address
**68 PRINCESS STREET
 QUEENSTON. ONTARIO LOS 1LO**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1984

4. FEI Number **59-2496455** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business **21** 2a. Mailing Address **26**

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

City & State **23** City & State **28**

Zip **24** Country **25** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**FISHER & SAULS, P.A.
 100 SECOND AVE.,S.
 SUITE 701
 ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VON WERSEBE, KARSTEN B	
STREET ADDRESS	C/O ASTA CORP. INC., 10 YONGE ST, STE 1102	
CITY-ST-ZIP	TORONTO ON M5E 1J	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KENRICK, GEOFFREY	
STREET ADDRESS	4600 54TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VON WERSEBE, KARSTEN B.	
1.3 STREET ADDRESS	C/O ASTA CORP. INC, 10 YONGE ST, STE 1102	
1.4 CITY-ST-ZIP	TORONTO ON M5E 1R4	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENDRICK, GEOFFREY	
2.3 STREET ADDRESS	68 PRINCESS STREET	
2.4 CITY-ST-ZIP	QUEENSTON, ON LOS 1LO	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **VON WERSEBE** April 13, 99 416-364-8257

CR2E034 (11/98)