FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64234 (8)

1. Corporation Name
RICHMOND PARTNERS, INC.

Principal Place of Business:
400 N. CONGRESS AVENUE
~~450 AUSTRALIAN AVE S. #602~~
WEST PALM BEACH FL 33401
US

Mailing Address:
220 INDIAN ROAD
SUITE 102
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2551946 — 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

	2. Principal Place of Business		2a. Mailing Address
21	400 N. CONGRESS AVENUE	26	400 N. CONGRESS AVENUE
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: WEST PALM BEACH	28	City & State: WEST PALM BEACH
24	Zip: FL	29	Zip: FL
25	Country: 33401	30	Country: 33401

9. Name and Address of Current Registered Agent

CAMERON-HAYES, J.
400 INDIAN ROAD
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81	Name	J. CAMERON-HAYES
82	Street Address (P.O. Box Number is Not Acceptable)	200 INDIAN ROAD
83		
84	City	PALM BEACH FL
85	Zip Code	33480

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMERON-HAYES, JONATHON
STREET ADDRESS	220 INDIAN ROAD
CITY-ST-ZIP	PALM BEACH FL
TITLE	DVPS
NAME	CAMERON-HAYES, M. MICHELE
STREET ADDRESS	220 INDIAN ROAD
CITY-ST-ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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] President 4/26/95 407 686 6968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0274785 CP