

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

FILED

Mar 20 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 # H82600 (8)

1. Corporation Name
GARY L. RICHIE, INC.

Principal Place of Business
4550 NW 18TH AVE
#109
POMPANO BEACH FL 33064

Mailing Address
4550 NW 18TH AVE
#109
POMPANO BEACH FL 33064-1066



2. Principal Place of Business

21 State Apt. #, etc.
22 City & State
23 Zip

24 Country

2a. Mailing Address

26 State Apt. #, etc.
27 City & State
28 Zip

29 Country

3. Date Incorporated or Qualified
10/25/1985

3a. Date of Last Report
04/16/1996

4. FEI Number

59-2597138

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

9. Name and Address of Current Registered Agent

RICHIE, L. L., JR.
4550 NW 18TH AVE
#109
POMPANO BEACH FL 33064

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

(Signature of Registered Agent required when first filing; not required when filing subsequent annual reports.)

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
PSD
12.2 NAME
RICHIE, L. L., JR.
12.3 STREET ADDRESS
4550 NW 18TH AVE, #109
12.4 CITY - ST - ZIP
POMPANO BEACH FL

DELETE

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY - ST - ZIP

DELETE

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP

DELETE

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP

DELETE

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY - ST - ZIP

DELETE

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

Change Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP

Change Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP

Change Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP

Change Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY - ST - ZIP

Change Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY - ST - ZIP

Change Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)