## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(2)

| RICH INVESTMENT OPPORTUNITIES, INC.    |   |   |                                |                                  |                                 |   |   |   |   |
|--|---|---|--------------------------------|----------------------------------|---------------------------------|---|---|---|---|
| Principal Place o                      | of Business   | Mailing Address   |                                |                                  |                                 | 1 100 1410 14110 14 | /// <b>//                                  </b> | J   U   1   U   U   U   U   U   U   U   U | <b>                                  </b> |
| % RICHARD<br>8129 CITRUS<br>ORLANDO FI |   | % RICHARD A. SIEGEL<br>8129 CITRUS CHASE<br>ORLANDO FL 32636-5325   |                                |                                  |                                 |   |   |   |   |
|  |   |   |                                |                                  |                                 | 3. Date Incorporated or Qualified 06/23/1986  |   | e of Last Ri<br>05/31/19                  |   |
| 2. Principal Plac<br>21                | ce of Business  | 2a. Mailing Address<br>26   |                                |                                  |                                 | 4. FEI Number<br>59-2700149   |   |   |   |
| Suite, Apt. #,                         | , etc.  | Suite, Apt. #, etc.   | 27                             |                                  |                                 | 5. Certificate of Status Desired  | S8.75 Additional Fee Required                   |   |   |
| City & State                           |   | City & State  | - <del> </del>                 |                                  |                                 | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees   |   |   |   |
| Ζιρ<br><b>24</b>                       | Country 25  | Zip<br><b>29</b>  | 30                             | ntry                             |                                 |   | s 🗌 No  |   | 199.032,                                  |
|  | g. Name and Address of Curr   | ent Registered Agent  |                                | 241                              |                                 | 10. Name and Address of New   | Registered                                      | Agent                                     |   |
|  |   |   |                                | 81                               | Name                            |   |   |   |   |
|  | , RICHARD A.<br>TRUS CHASE  |   |                                | 82                               | Street Addre                    | ress (P.O. Box Number is Not Acceptable)  |   |   |   |
| ORLANI                                 | OO FL 32836   |   |                                | 83                               |                                 |   |   |   |   |
|  |   |   |                                | 84                               | City                            |   | FL  | 85 Zip                                    | p Code                                    |
| or registere<br>familiar with          | the provisions of Sections 607.05<br>d agent, or both, in the State of Flo<br>, and accept the obligations of, Se | irida. Such change was authorized   | s, the abo<br>d by the c       | ve-na<br>corpo                   | amed corpora<br>oration's board | ation submits this statement for the p<br>d of directors. I hereby accept the ap  | pointment a                                     | ianging its r<br>s registered             | egistered office<br>Lagent, Lam           |
| SIGNATURE .                            | Ignature, typed or printed name of registered ag  | ent and title if applicable (NOTI   | E: Registered                  | Agent                            | signature required              | when reinstating)   | DATE  |   |   |
| 12.                                    | OFFICERS A  | ND DIRECTORS  | 13.                            |                                  |                                 | ADDITIONS/CHANGES TO OF   |   |   | <u></u> -                                 |
| TITLE                                  | P   | DELETE 1. 1   |                                | 1. 1 TITLE                       |                                 |   | -   | Change                                    | Addition                                  |
| NAME                                   | SIEGEL, RICHARD A.  |   | 1.2 NA                         | ME                               |                                 |   | -   |   |   |
| STREET ADDRESS                         |   |   |                                | REET                             | ADDRESS                         |   |   |   |   |
| CHY-SI-ZIP                             | ORLANDO FL  |   |                                | 1Y - ST                          | - ZIP                           |   |   | Change                                    | ☐ Addition                                |
| THILE                                  |   |   | 2. 1 Ti                        |                                  |                                 |   |   | Change                                    | Addition                                  |
| NAME                                   |   |   | 2.2 NA                         |                                  | *DDDCCC                         |   |   |   |   |
| STREET ADDRESS                         |   |   |                                |                                  | ADDRESS                         |   |   |   |   |
| CITY-ST-ZIP<br>TITUE                   |   | □ DELETE  |                                | 2 4 CITY - ST - ZIP<br>3 1 TITLE |                                 |   |   | Change                                    | ☐ Addition                                |
| NAME                                   |   | <b>_</b>  | 3 2 NA                         |                                  |                                 |   |   |   | _   |
| STREET ADDRESS                         |   |   |                                |                                  | ADDRESS                         |   |   |   |   |
| CITY - ST- ZIP                         |   |   | 3.4 C)                         | TY-ST                            | r-ZIP                           |   |   |   |   |
| TILE                                   |   | ☐ DELETE  | 4. 1 T                         | TLE                              |                                 |   |   | Change                                    | ■ Addition                                |
| NAME                                   |   |   | 4.2 NA                         | AME                              |                                 |   |   |   |   |
| STREET ADDRESS                         |   |   | 4.3 ST                         | REET :                           | ADDRESS                         |   |   |   |   |
| CITY - ST - ZIP                        |   |   | 4.4 CI                         | TY-SI                            | I - ZIP                         |   |   |   |   |
| TITLE                                  |   | ☐ DELETE  | 5. 1 Ti                        | ITLE                             |                                 |   |   | ☐ Change                                  | ■ Addition                                |
| NAME                                   |   |   | 5 2 NA                         | AME                              |                                 |   |   |   |   |
| STREET ADDRESS                         |   |   |                                |                                  | ADDRESS                         |   |   |   |   |
| CITY-ST-ZIP                            |   | T DELETE  | _                              | TY-ST                            | T-ZIP                           |   |   | Change                                    | Addition                                  |
| TiTLE                                  |   | ☐ DELETE  | 6. 1 TI                        |                                  |                                 |   |   | ☐ Grange                                  |   |
| NAME<br>OTREST ADDOCAD                 |   |   | 6.2 N/                         |                                  | ADDRESS                         |   |   |   |   |
| STREET ADDRESS                         |   |   |                                | IKEET A                          | ADDRESS                         |   |   |   |   |
| 14. I do hereby                        | certify that the information supplie  | d with this filing is voluntarily furnis  | bad and                        | door                             | and munificate                  | or the exemption stated in Section 11   | 9.07(3)(k), FI                                  | lorida Statu                              | tes. I further                            |
| certify that oath; that I appears in   | the information indicated on this ar<br>am an officer or director of the cor<br>Block 12 or Block 13 in changed   | nual report or supplemental analy<br>poration or the receiver or trustee<br>ir on an attachment with an addre | al report i<br>empower<br>iss. | s trui<br>led ti                 | e and accurat<br>o execute this | e and that my signature shall have the report as required by Chapter 607,   | e same lega<br>Florida Statu                    | il effect as it<br>ites; and the          | f made under<br>at my name                |

RICHAMO SIEGEL, PRESIDENT 4/29/96 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CR2E034 (12/95)