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

PROFIT

Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name J45846 (9) RG RICHARDS, INC. Principal Place of Business Mailing Address 6741 NW 66 WAY 6741 NW 66 WAY PARKLAND FL 33067 PARKLAND FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0000163 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROCHOCK!. ROSEMARY 6741 NW 66 WAY 82 Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 83 85 Zip Code 84 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GROCHOCKI, ROSEMARY NAME 1.2 NAME 6741 NW 66 WAY STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE __ Change Addition 2 1 TITLE THILE vs GONCZY, RICHARD 22 NAME NAME 6741 NW 66 WAY STREET ADDRESS 23 STREET ADDRESS PARKLAND FL CITY-ST-ZIP 2 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition 4.1 TITLE TITLE 4. 2 NAME 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 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 suppliemental 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 roceiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in

3/2/98

954-340-1592

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FILED

CR2E034 (10/9)