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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997	

OCHMENT #	11

DCUMENT # J57759

(9)

RONALD J. RICHARDSON AND ASSOCIATES, INC. Principal Place of Business Mailing Address ** RONALD J. RICHARDSON ** CORAL SPRINGS FL 33065 ** CORAL SPRINGS FL 33065						
CORAL SPAIN	495 FC 33005	COME OF HINGS PE WOOD	~~~		3. Date Incorporated or Qualified 02/16/1987	3a. Date of Last Report 04/26/1996
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2775348	Not Applicable
Suite, Apt	(#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	g. Name and Address of Curr	rent Registered Agent		T 11.	10. Name and Address of New Reg	stered Agent
	CHARDSON, RONALD J.		81	Name		
	50 NW 25TH COURT PRAL SPRINGS FL 33065		82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)
00	THE OFFICE OF SOUR		83			
			84	City		85 Zip Code
			Ì]		
SIGNATURE	Sagnature: Typed or printed name of registered	agent and little of applicable (NOTE	Registered Age	ent signature require		DATE
12. 1:11f	OFFICERS F	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	RICHARDSON, RONALD J.		1.2 NAME			_ orangoresinon
STREET ADDRESS	CAPA ANY APPLI ACLIES		1.3 STREET	ADDRESS	1	
City - St - ZiP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP			
TILLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	1		
OTY-ST-ZP Titl t		DELETE	2 4 CITY- 31 TITLE	S1-21P		Change Addition
NAME			3.2 NAME			· · · · · · · · · · · · · · · · · · ·
STHEET ADDRESS			3.3 STREET	ADDRESS	į	
CITY-ST-ZIP			3.4. CfTY-	ST-ZIP	<u> </u>	
THE		L DELETE	4.1 TITLE			Change Addition
NAME STREET ADDRESS			4. 2 NAME	r address		
CGY -S1 - 712			4.5 STREET	ì		
MIE		☐ DELETE	51 TrTLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME	[
SPREET ADDRESS			5.3 STREET	ADDRESS		
CITY ST ZIP		PLP1 Prince	5.4 CITY - S	ST-ZIP		
TITLE		DELETE	6.1 TIFLE			Change Addition
NAME			6.2 NAME	ľ		

14. Ido hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60). Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6. 111 L

STREET ADDRESS

SIGNATURE

CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O RICHANOSON

753-3498

FILED

May 02 1997 8:00am

Secretary of State

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