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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73187

(3)

RICHIE RICH, INC.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Feb 10 1997 8:00am Secretary of State

___ Change

GG 1-394 93/1/

Addition

Principal Place of Business Mailing Address	s	
2200 W GLADES RD 2200 W GLADE STE 914 STE 914 BOCA RATON FL 33431 BOCA RATON I		
US US		3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1987 01/23/1996
2. Principal Place of Business 2a. Mailing Add 26 26	iress	4. FEI Number Applied For 59-2807507 Not Applicable
Suite, Apt. #, etc. Suite, Apt. 22 27	t, etc.	5. Certificate of Status Desired See Required
City & State City & State 28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip 24 25 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
STORFER, RICAHRO D.	81 Name	
551 OCEAN BLVD BOCA RATON FL 33432	82 Street Add	fress (P.O. Box Number is Not Acceptable)
	83	
	84 City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Elonoffice or registered agent, or both, in the State of Elonofa. Such cha agent, I am familiar with and accept the obligations of Section 60 SIGNATURE.	ida Statutes, the above-named cor nge was authorized by the corpora 7.0505, Florida Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered 2/3/97
Signature, typed or writed name of registered agonil and the if applicable	(NOTE: Registered Agent signature requ	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ATABETE DIGITAD DELITA	DELETE 1.1 TITLE	Change Addition
STURFER, HICHARD DENNIS STREET ADDRESS 551 N. OCEAN BLVD	1.2 NAME 1.3 STHEET ADDRESS	
CITY-ST-ZIP BOCA RATON FL	1.3 STHEET AUDRESS	
	DELETE 21 TITLE	☐ Change ☐ Addition
NAME	22 NAME	
STREET ADDRESS	2 3 STREET ADDRESS	
CITY-ST-ZIP	2. 4 CITY - ST - ZIP	
	DELETE 3.1 TITLE	Change Addition
NAME	3.2 NAME	
STREET ADDRESS	3 3 STREET ADDRESS	
CITY-ST-ZIP	3.4. CITY - ST - ZIP DELETE 4.1 TITLE	Change Addition
I TITLE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		L Change L Addition
STREET ADDRESS	4. 2 NAME	
arright Pouriss	4 9 CTOCCT ADDDCCC	
CITY-ST-ZIP	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	

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 flusted 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 only in attachment withy an address.

6.4 CITY - ST- ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP