FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:
SECRETARY OF STA
TALLAHASSEE, FLOR

DOCUMENT # **J73225** **(1)**

1. Corporation Name
RIKAD PROPERTIES, INC.

700001484817
-05/12/95--01004--001
***6200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
10065 RED RUN BLVD OWINGS MILLS MD 21117 US	10065 RED RUN BLVD OWINGS MILLS MD 21117 US

3. Date Incorporated or Qualified: **05/15/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **52-1542718** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISL RD PLANTATION FL 32324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	V	☒ Change ☐ Addition
NAME	~~ELKINS, ROBERT~~	12 NAME	Pickett, Taylor	
STREET ADDRESS	10065 RED RUN BLVD	13 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MD	14 CITY ST ZIP		
TITLE	~~MD~~	21 TITLE	PD	☒ Change ☐ Addition
NAME	CIRKA, LAWRENCE P	22 NAME		
STREET ADDRESS	10065 RED RUN BLVD	23 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MD	24 CITY ST ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	CAHILL, DENNIS A	32 NAME		
STREET ADDRESS	10065 RED RUN BLVD	33 STREET ADDRESS		
CITY ST ZIP	~~OWINGS MILLS FL~~	34 CITY ST ZIP	Owings Mills, MD 21117	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	ELKINS, MARSHALL A	42 NAME		
STREET ADDRESS	10065 RED RUN BLVD	43 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MD	44 CITY ST ZIP		
TITLE	SD	51 TITLE		☒ Change ☐ Addition
NAME	LEVIN, MARC	52 NAME		
STREET ADDRESS	~~11011 MCCORMICK ROAD~~	53 STREET ADDRESS	10065 Redrun Blvd.	
CITY ST ZIP	~~HUNT VALLEY MD~~	54 CITY ST ZIP	Owings Mills, MD 21117	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

5/1/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Taylor Pickett 1/20/95 (410)998-8748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000619 CP