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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Corporation Name

J73225

(1)

2a. Mailing Address

FILED
Mar 06 1996 8:00 am
Secretary of State

3a. Date of Last Report 05/01/1995

Applied For

3. Date Incorporated or Qualified

05/15/1987

RIKAD PROPERTIES, INC	)	
rincipal Place of Business	Mailing Address	I TODILLE DVI 10069 HILL HELD HER SIN BERN BLOK BLOK BLOK BLOK BLOK BLOK BLOK BLOK
10065 RED RUN BLVD OWINGS MILLS MD 21117	10065 RED RUN BLVD OWINGS MILLS MD 21117	

21		26			52-1542/18	Not Applicable
Suite, Apt.	≓, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	·	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30		74	□ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Agent
			81	Name		
CT CC	DRPORATION SYSTEM		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)
1200 S PINE ISL RD						
	TATION FL 32324		83			
1 DAIN	IMION I E OLOET			0.		85 Zip Code
			84	City		FL   S   Zip Good
11 Pars part	to the provisions of Sections 607 0502	and 607,1508. Florida Statute	os, the above na	med corpor	ation submits this statement for the purp	oose of changing its registered office
or register	red agent, or both, in the State of Horic	sa. Such change was authorize	ea by the corpor	ation's boar	d of directors. I hereby accept the appo	intment as registered agent. I am
familiar wi	th, and accept the obligations of, Secti	on 607.0505, Florida Statutes.	•			
SIGNATURE	Stigned in a typical or printed methol of registerior agent	and the description (A)	L Ragistered Agent :	onatore receive	(when reinstaling)	DATE
10	OFFICERS AN		13.	ngria.uve requiros	ADDITIONS/CHANGES TO OFF	
12.	OFFICERS AND	DELETE	1. 1 TITLE	r		Change Addition
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CITA ST SIE	OWINGS MILLS MD	בו מניניו	14 CITY - ST	ZiP		☐ Change ☐ Addition
THE	PD	☐ DELETE	2 1 THLE			
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	•		2 3 STREET A			<b>—</b> A
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STHEET ADDRESS CITY: ST-ZIP	10065 RED RUN BLVD	☐ DELETE	2 3 STREET A			☐ Change ☐ Addition
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14. Lob 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)(k). 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 oably, 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(VIO)998-8578