1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J73225**

1. Corporation Name

RIKAD PROPERTIES, INC.

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90009 008 \*\*\*150.00



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Principal Place of Business Mailing Address						1 (89((18 11)) (9888 11)) (1818 1100	1 #111 #1#11 #14		1211 81817 1891
OWINGS MILLS MD 21117 OWINGS MILLS		10065 RED RUN BLVD OWINGS MILLS MD 21117 US				DO NOT WRITI	E IN THIS :	SPACE	
03		00			-	3. Date Incorporated or Qualifed			
	•					05/15/1987			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Ap	plied For
21	26					52-1542718		Not Applicable	
		Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
	City & State City & State		te			6. Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip Cou			Ì	8. This corporation owes the curre			)
24	25 29 30			Personal Property Tax. Yes No					
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
CT CORPORATION SYSTEM			81	Name	ıme				
1200		82 Street Address (P.O. Box Number is Not Acceptable)			ole)				
PLAN	NTATION FL 32324		83						
			84	City	<del></del>		FL	85 Zip C	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	rized by	the corpo	corpora oration's	ation submits this statement for the ps board of directors. I hereby accept	urpose of o the appoin	hanging its tment as re	registered gistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered age		stered Ager	it signature r	required wh	nen reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	IRS IN 12
12.	OFFICERS AT		1.1 TITLE		<u> </u>	ADDITIONS/CITATIONS TO CIT	ICENO AIN	Change	Addition
	FULCHINO, MARK	<del></del>	1.2 NAME					_ ,	_ {
NAME	10065 RED RUN BLVD		1.3 STREET	ADDDESS	1				
STREET ADDRESS	OWINGS MILLS MD		14 CITY-5						İ
CITY-ST-ZIP	PD PD		2.1 TITLE	1-ZIF	P-	YLOR PICKETT		✓ Change	Addition
NAME	ELKINS, ROBERT N	<u> </u>	2.2 NAME					, u.	İ
STREET ADDRESS	10065 RED RUN BLVD	•	2.3 STREET	ADDDESS	1:00	165 RED RUN BLUE	٠.		
	OWINGS MILLS MD		2. 4 CITY-9		l or	INGS MILL MD			Į
CITY-ST-ZIP	T		3.1 TITLE	71-21	$\vdash_{\tau}$			Change	Addition
NAME	BENNETT, BRADLEY	•	3.2 NAME			BERT STEPHENSON	)		
STREET ADDRESS	10065 RED RUN BLVD		3.3 STREET	ADDRESS		65 RED RUN BLVD.			[
CITY-ST-ZIP	OWINGS MILLS MD 21117		3.4. CITY-S			NGS MILLS MD			
TITLE	VD		4.1 TITLE		Ď	The second of th		Change	☐ Addition
NAME	ELKINS, MARSHALL A		4.2 NAME		mai	rahall A. Elkins			į
STREET ADDRESS	10065 RED RUN BLVD		4.3 STREET	ADDRESS	ica	6 Red Run Blvd			
CITY-ST-ZIP	OWINGS MILLS MD		4.4 CITY-S		owir	nas mills, mo all	17		
TITLE	SD SD		5.1 TITLE		<u> </u>	<u> </u>		Change	Addition
NAME	LEVIN, MARC		5.2 NAME						
STREET ADDRESS	10065 RED RUN BLVD.	:	5.3 STREET	ADDRESS	1				1
CITY-ST-ZIP	OWINGS MILLS MD 21117		5.4 CITY-S	f-ZIP	ļ				[
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME .		i ,	6.2 NAME	į	}				1
STREET ADDRESS		L.	6.3 STREET	ADDRESS	Į .				Į
5,112,1725,100		Ì	64 CITY-S	T_21D					ĺ

14. I 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 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, with all other like empowered.

SIGNATURE:

MUSIGNATURE REQUIRE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED MARK FULCHING