

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **K44443**  
1. Corporation Name  
**Richmark Consultants, Inc.**

FILED

98 JUN - 5 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**911 W. 125th Terr. Same**  
**KANSAS CITY, MO**  
**64145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11-7-88**

2. Principal Place of Business 21 <b>911 W 125th Terr</b> Suite, Apt. #, etc. 22 City & State 23 <b>K.C., MO</b> Zip 24 <b>64145</b>	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <b>65-0091042</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Does Not owe.</b>
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9. Name and Address of Current Registered Agent

**Steven Warm**  
**Boca Corp. Center**  
**2101 Corporate Blvd, #215**  
**Boca Raton, FL 33431**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0102 and 607.0105, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent from 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 understand the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

*[Signature]*

(Signature of Agent required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert W. Richardson</b>	
STREET ADDRESS	<b>911 W 125th Terr</b>	
CITY-ST-ZIP	<b>K.C., MO 64145</b>	
TITLE	<b>Sec</b>	<input type="checkbox"/> DELETE
NAME	<b>Kristina J. Richardson</b>	
STREET ADDRESS	<b>911 W 125th Terr</b>	
CITY-ST-ZIP	<b>K C MO 64145</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>200002557752-7</b>
1.4 CITY-ST-ZIP	<b>-06/12/98-01003-024</b>
2.1 TITLE	<b>****158.75 ****158.75</b>
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/98 816-941-4091  
DATE DAYTIME PHONE #

CR2E034 (10/97)

**Richmark Consultants, Inc.**  
911 West 125th Terrace  
Kansas City, Missouri 64145

June 1, 1998

Mr. Tyrone Scott  
Florida Department of State  
annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Mr. Scott,

As per your conversation with Kris Richardson today we attach the annual filing for Richmark Consultants, Inc. and request that you accept same and waive the reinstatement fee as per your discussion. We just received the corporate filing papers but they were late. Your assistance on this matter is appreciated.

Yours truly,

A handwritten signature in cursive script, reading "Robert W. Richardson".

Robert W. Richardson  
President