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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:36

DOCUMENT # K68646 (4)

1. Corporation Name
RIKART SOUTH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% JONATHAN HAUSBURG 3104 N TAMIAMI TRAIL SARASOTA FL 34234 US	% JONATHAN HAUSBURG 3104 N TAMIAMI TRAIL SARASOTA FL 34234 US

3. Date Incorporated or Qualified: 02/27/1989
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 65-0112818 ☐ 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

HAUSBURG, JOHN
3104 N. TAMIAMI TRAIL
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3207 N. Tamiami Tr.
83
84 City Sarasota FL 85 Zip Code 34234

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: [signature] 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	KOPINSKI, NEIL	1.2 NAME	
STREET ADDRESS	525 NORTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTLAND WI	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	KOPINSKI, NEIL	2.2 NAME	
STREET ADDRESS	525 NORTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTLAND WI	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	KOPINSKI, JOHN	3.2 NAME	
STREET ADDRESS	3112 29TH AVE. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	KEHREIN, MARIE E.	4.2 NAME	
STREET ADDRESS	525 NORTON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTLAND WI 53029	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Louis Kopinski
STREET ADDRESS		5.3 STREET ADDRESS	525 Norton Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hartland, Wis. 53029
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Marie E. Kehrein 4/6/95 813-351-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340781 CP