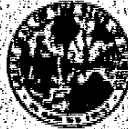


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:36

DOCUMENT # K68646 (4)

1. Corporation Name

RIKART SOUTH, INC.

Principal Place of Business

% JONATHAN HAUSBURG
3104 N TAMiami TRAIL
SARASOTA FL 34234
US

Mailing Address

% JONATHAN HAUSBURG
3104 N TAMiami TRAIL
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1989

3a. Date of Last Report

04/05/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUSBURG, JOHN
3104 N. TAMiami TRAIL
SARASOTA FL 34234

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

3202 N. Tamiami Tr.

B3

B4 City

Sarasota

FL

B5

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/6/95

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	KOPINSKI, NEIL
STREET ADDRESS	525 NORTON DRIVE
CITY - ST - ZIP	HARTLAND WI
TITLE	DST
NAME	KOPINSKI, NEIL
STREET ADDRESS	525 NORTON DRIVE
CITY - ST - ZIP	HARTLAND WI
TITLE	P
NAME	KOPINSKI, JOHN
STREET ADDRESS	3112 29TH AVE. EAST
CITY - ST - ZIP	BRADENTON FL 34208
TITLE	V
NAME	KEHREIN, MARIE E.
STREET ADDRESS	525 NORTON DRIVE
CITY - ST - ZIP	HARTLAND WI 53029
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Louis Kopinski
5.3 STREET ADDRESS	525 Norton Dr.
5.4 CITY - ST - ZIP	Hartland, WI. 53029
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

DATE

813-351-9111

TELEPHONE