FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								¬ FILED			
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				Jan 23 1998 8:00am Secretary of State				
	1998	CONT. TO	DIVISIO	N OF CO	RPURATI	ONS		Secretar	<b>'y</b> C	ot St	ate
DOCU 1. Corporation	MENT #	K87270	(0)	)					J		
RICH N	MARBLE, INC.										
Principal Plac	e of Business		Mailing Address	******							
4932 SOUTH KAY STREET 4932 SOUTH KAY STREET											
PALM BCH GARDENS FL 33418-3131 PALM BCH GARDENS FL 33418-3131							DO NOT WRITE	IN THIS	SPACE		
								3. Date Incorporated or Qualified			
								05/11/1989			
2. Principal Place of Business 2a. Mailing Address						,		4. FEI Number	-	Aı	oplied For
21	26	6				65-0122035		No	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							<u></u>				Additional equired
City & State City & State 28								Election Campaign Financing     Trust Fund Contribution			May Be to Fees
<b>—</b> `	Zip Country Zip Country							8. This corporation owes or has pa	_		
24	25	Address of Current	29 Registered Agent	30	0			Personal Property Tax due June 10. Name and Address of New Re			_l No
10		·····	negistered Agent		81	Name		IU. Name and Address of New He	giatered	Agent	
JOVANOVIC, DOUGLAS 840 NORTHEAST 20TH AVENUE											
FORT LAUDERDALE FL 33304					82	Street /	Addre	ss (P.O. Box Number is Not Acceptab	ıle)		
	AN BIODENDAL	L 1 L 0000+			83						
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Florida	Statutes,	the above	e-named	corpo	ration submits this statement for the p o's board of directors. I hereby accep	urpose of	changing it	s registered
agent. I a	registered agent, t am familiar with, ar	of both, in the state of nd accept the obligati	ons of, Section 607.05	05, Floric	da Statute:	s.	oratio	in's board of directors. I hereby accep	at the app	onument as	registerea
SIGNATURE											
12.	Signature, typed or prin	ted name of registered agent OFFICERS AND		(NOTE: R	tegistered Age	ent signature	required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	20 11 40
TITLE	PST	OFFICERS AND	DIRECTORS	TE	1.1 TITLE	<del></del>		ADDITIONS/CHANGES TO OFFIC	ERS AIVL	Change	Addition
NAME	CORWIN, RI	CHARD I			1,2 NAME						
STREET ADDRESS		KAY STREET			1.3 STREET	r annecee					
1						ST-ZIP					
TITLE	D	<u></u>	☐ DELE	TE	2.1 TITLE	31-24				Change	Addition
NAME	CORWIN, RICHARD L.				2.2 NAME					_ •	
STREET ADDRESS					2.3 STREET ADDRESS				•		
CITY-ST-ZIP	LAKE PARK				2. 4 CITY - 5						
TITLE			☐ DELE	TE	3.1 TITLE					Change	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP					3.4. CITY~5						
TITLE			☐ DELE	ΤE	4.1 TITLE					Change	Addition

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

4, 2 NAME 4,3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: 1/8/98

DELETE

☐ DELETE

NAME

TITLE

NAME

TITLE

NAME

STREET ADORESS CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

CR2E034 (10/97

Change

Change

Addition

Addition