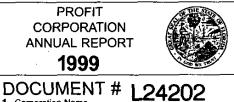
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90149 013 \*\*\*150.00

RICHAR	DS HOLDING COMPANY, II	NC.				1 140 indi: 110 110 110 110 110 110 110 110 110 11	<b></b>	1837 <b>- Bir</b> il Birit <b>B</b>	( <b>1</b> 1)
Principal Place	e of Business	Mailing Address							
8191 COLLEGE PARKWAY 8191 COLLEGE PARKWAY									•
SUITE 301	71	SUITE 301				DO NOT WRITE IN THIS SPACE			
FORT MYERS FL 33919 US		. FORT MYERS FL 33919 US			3. Date Incorporated or Qualifed				
00		00				10/20/1989			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21	lade of Equinose	26				65-0158061		<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				T		\$8.75 A	<del></del>
22	.,	27				5. Certifcate of Status Desired		Fee Re	1
City & Stat	e	City & State			<del></del>	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the curr	ent year Inta	angible	
24	25	29	30			Personal Property Tax		Yes	□No
	9. Name and Address of Currer	nt Registered Agent		Ι.,		10. Name and Address of New I	Registered /	Agent	
**				81	Name				ļ
RICHARDS, R.Q. III				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
8191 COLLEGE PARKWAY									
FOR	T MYERS FL 33919			83	 				}
				84	City			85 Zip C	ode
·					-		FL		
office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations are secured to the collection of the provision of the	ations of, Section 607.0505, Fig	orida Stat	utes.				ıtment as reç	jistered
	Signature, typed or printed name of registered age		E: Registered	d Agen	t signature required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIRECTO	RS IN 12
12.		ND DIRECTORS	1.1 Ti	n c		ADDITIONS/CHANGES TO OF	FIGENS AN	☐ Change	Addition
TITLE	P P P P P P P P P P P P P P P P P P P	C) pereis	1.1 N		1				
NAME	RICHARDS, R.Q. III		- 6						
STREET ADDRESS	8191 COLLEGE PKWY		4		ADDRESS	•			
CITY-ST-ZIP	FORT MYERS FL 33919	☐ DELETE	1.4 C	ITY-ST	r-zip			Change	Addition
TITLE	,				j			C Onlarigo	
NAME			2.2 N	AMI:					
STREET ADDRESS									
CITY-ST-ZIP					ADORESS				. }
TITLE		. Optiete	2.40	TY-S	i			- Change	. Addition
NAME		☐ DELETE	2.4 C	TY-S	i			- Change	Addition
NAME		DELETE	2.40 3.1 TI 3.2 N	TTY-S TILE AME	T-ZiP	<del></del>	بسد ٠	- Change	Addition
STREET ADDRESS		. DELETE	2.4 C 3.1 TI 3.2 N 3.3 S	OTY-S TLE AME TREET	T-ZIP  ADDRESS	<del></del>		Change	☐ Addition
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP