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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M46040

RICHARDS PRODUCTS, INC.

110111110									
Principal Place of Business Mailing Address					-			., •.•	
1461 SW 32ND AVE 1461 SW 32ND AVE									
POMPANO BEACH FL 33063 POMPANO BEACH FL 33069			)			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
	•					02/04/1987			ł
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Арр	lied For
<del>-</del> i '	ace or pusitiess	26				59-2830499		Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22	.,	27			5. Certificate of Status Desired	<u> </u>	Fee Req	·	
City & State	3	City & State			6. Election Campaign Financing		\$5.00 N		
23	. · <u> </u>	28		_		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	untry		8. This corporation owes the currer	nt year Inta	ngible Yes [	□No
24	25		30			Personal Property Tax.  10. Name and Address of New Re		<u> </u>	
	9. Name and Address of Current			104	Name	10. Name and Address of New Re	gistereu A	Baur	
	POWORE OVO MISTRITIONIAL MADI			81	Name			: <u> </u>	
C ROCKOFF C/O NUTRITIONAL MARKETING				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
1461 SW 32ND AVE						2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3,12	17411111111	al 1911 A 61
POMPANO BEACH FL 33063				83					11.00
				84	City	The state of the s		85 Zip C	ode
		4.5			-17	oration submits this statement for the p	<u>гь</u>	hanaina ita	ragistared
SIGNATURE	Signature, typed or printed name of registered agent		Registere		signature required	when reinstating)	DATE ICERS ANI		
TITLE	PVT	☐ DELETE	1.1	TITLE		1. 15		☐ Change	☐ Addition
NAME	ROCKOFF, CLYDE		1.2	NAME	1				Ì
STREET ADDRESS	7400 N.W. 18 ST. #102		1.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI-FL		1.4	CITY-ST	-ZiP				- Addition
TITLE	D	☐ DELETE	2.1	TITLE			•	☐ Change	Addition .
NAME .	ROCKOFF, CLYDE		2.2	NAMÉ					}
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STREET ADDRESS			3.3	STREET	ADDRESS				4 2 4 3 7
CITY-ST-ZIP	F 75 SC 774 - 17 17 1		3.4.	CITY-S1	T-ZIP		<u> </u>	Chann	Addition
TITLE		☐ DELETE		TITLE			7	☐ Change :	Addition
NAME		rp	4. 2	NAME					
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CITY-ST-ZIP				CITY-ST	r-ZIP	78		Channe	Addition
TITLE		☐ DELETE		TITLE		•		Change	Ti voorion
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STREET ADDRESS			5.3	STREET	ADDRESS				,
CITY-ST-ZIP				CITY-S1	r-zip				Addition
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NAME	<b>持持</b> 等 2000 A 2000			NAME					,
l ;	1 ab 67 7		6.3	STREET	TADDRESS .	\$			

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, with all other like empowered.

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90001 050 \*\*\*150.00