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

Profit Corporation Annual Report

1997

Principal Place of Business

PEMBROKE PINES FL 33029

2. Principal Place of Business

VAUGHN, RICH 431 NW 200TH AVE

Suite, Apt. #, etc

City & State

22

23

24

431 NW 200TH AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M93679

(2)

PEMBROKE PINES FL 33029-3352

Mailing Address

431 NW 200TH AVE

2a. Mailing Address

City & State

Zφ

27

28

29

Suite, Apt. #, etc.

RICH VAUGHN BUSINESS SYSTEMS, INC.

Country

9. Name and Address of Current Registered Agent

25

PEMBROKE PINES FL 33029

FILED
May 14 1997 8:00am
Secretary of State

3. Date Incorporated or Qualified 08/05/1988	3a. Date of Last Report 04/19/1996						
4. FEI Number		Applied For					
65-0065196		Not Applicabl					
5. Certificate of Status Desired		\$8.75 Additional Fee Required					
6. Election Campaign Financing	_	\$5.00 May Be					

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Pres No

Added to Fees

Trust Fund Contribution

Florida Statutes

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

r sangan ma sasaa tirin dirir edala kasi arah arah dian akan didir. Bidir didir didir didir

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

62

83

Country

Name

30

agent: Familiar with, and accept the obligations of, Section 607.0505, Piorida Statutes.								
SIGNATURE.	Signature, typed or printed name of registered agent and title	Lappicable. (NOTI	: Registered Agent signature requ	ried when reinstating)	DATE			
12.			13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
HILE	D	DELETE	1.1 TITLE		☐ Change	Addition		
NAME	VAUGHN, RICH		1.2 NAME			Ì		
STREET ADORESS	431 NW 200TH AVE		1.3 STREET ADDRESS					
City+S*-ZiP	PEMBROKE PINES FL		1.4 CITY - ST - ZIP			ì		
TITLE		DELETE	2.1 TITLE	······································	Change	Addition		
NAM:			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS	•				
City - \$1 - 7iP			2. 4 CITY - \$T - ZIP			Ì		
THILE		DELETE	3.1 TOTLE		Change	☐ Addition		
NAMÉ			3.2 NAME					
STREET ADDRESS			3 3 STREET ADDRESS					
CHTY - \$1 - 70°			34 CITY-ST-ZIP					
101.6		DELETE	4.1 TITLE		Change	Addition		
NAME			4 2 NAME					
SPREET ADDRESS			4 3 STREET ADDRESS					
CHY-\$1-201			4.4 CITY-ST-ZIP					
Tifle		DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME			Ì		
STREET ADDRESS			5.3 STREET ADDRESS					
CH1+ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	Addition		
NAM:			6.2 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
City - \$1 - ZIP			6.4 CITY - ST - ZIP					

14. I do 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.

SIGNATURE PLANT WEED OR PRINTED WANT OF STANDING OFFICER OR PROFESTOR AND MEDICAL PROPERTY OF THE PROFESTOR DESIGNATION OF THE PROFE