

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 06 1997 8:00a Secretary of State	
DOCUMENT # 1. Corporation Name RICHNEAL CORPORATION					
Principal Place of Business c/o RICHARD A. COFFMAN 3360 SO. OCEAN BLVD. APT. 6H SOUTH PALM BEACH, FL 33480		Mailing Address c/o RICHARD A. COFFMAN 3360 SO. OCEAN BLVD. APT. 6H SOUTH PALM BEACH, FL 33480		3. Date Incorporated or Qualified 09/21/1988 3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0074905 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent COFFMAN, RICHARD A. 3360 SOUTH OCEAN BLVD. APT. 6H SOUTH PALM BEACH, FL 33480		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 119.01(3)(b), 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: X Richard A. Coffman RICHARD A. COFFMAN X 4/29/97 561-588-3222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					