

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30569 (8)**  
 1. Corporation Name  
**RICHEBOURG MARKETING INC.**



Principal Place of Business <b>ONE S.W. OSCEOLA AVE. STE. 1 STUART FL 34994 US</b>	Mailing Address <b>ONE S.W. OSCEOLA AVE. STE. 1 STUART FL 34994-2117 US</b>
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<b>3. Date Incorporated or Qualified</b> 08/15/1990	<b>3a. Date of Last Report</b> 03/19/1996
<b>4. FEI Number</b> 13-3360671	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**9. Name and Address of Current Registered Agent**  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST.**  
**STE. 105**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHEBOURG, MARGARET</b>	
STREET ADDRESS	<b>695 SE ST. LUCIE BLVD.</b>	
CITY - ST - ZIP	<b>STUART FL 34995</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.1 TITLE</b>
<b>1.2 NAME</b>
<b>1.3 STREET ADDRESS</b>
<b>1.4 CITY - ST - ZIP</b>
<b>2.1 TITLE</b>
<b>2.2 NAME</b>
<b>2.3 STREET ADDRESS</b>
<b>2.4 CITY - ST - ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1 TITLE</b>
<b>3.2 NAME</b>
<b>3.3 STREET ADDRESS</b>
<b>3.4 CITY - ST - ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b>
<b>4.2 NAME</b>
<b>4.3 STREET ADDRESS</b>
<b>4.4 CITY - ST - ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b>
<b>5.2 NAME</b>
<b>5.3 STREET ADDRESS</b>
<b>5.4 CITY - ST - ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b>
<b>6.2 NAME</b>
<b>6.3 STREET ADDRESS</b>
<b>6.4 CITY - ST - ZIP</b>

**3 TIMOR STREET  
STUART, FL. 34996**

**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:** *Margaret Richebourg* **4/21/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)