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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

RICHEBOURG MARKETING INC.

(8)

## **FILED** May 06 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		- I ABBURDA I DE TITUL ERIER BUTA BUTA BUTA BUDA BUDA BUDA BUDA BUDA BUDA BUDA BUD
ONE 8.W. O	SCEOLA AVE.	ONE S.W. OSCEOLA AVI	Ε.	
STE. 1		STE. 1		
STUART FL 34994		STUART FL 34994		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified 08/15/1990
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		13-3360671 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
TH	i <b>e prenti</b> ce-hall corporat	TION SYSTEM, INC.	81 Nam	С
120	01 Hayes St.		82 Stree	at Address (P.O. Box Number is Not Acceptable)
STE. 105			62 3066	a Address (F.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301			83	
			84 City	B5 Zip Code
11 Pursuant	to the provisions of Sochone 607.0	502 and 607 1609 Florida Statut	oo the above name	d corporation submits this statement for the purpose of changing its registered
Office of f	registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida, Such change was a	authorized by the co	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature typed or printed name of registered			ure required when reinstating) DATE
12.	OFFICERS A	ND DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	RICHEBOURG, MARGARET	☐ DELETE	1.1 TITLE	L Change
NAME	3 TIMOR STREET		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY+ST-ZIP	STUART FL		1.4 CITY - ST - ZIP	34996
TITLE		☐ DELETE	2.1 TITLE	V/r/D
NAME	l `		2.2 NAME	WILLETT, THOMAS P
STREET ADDRESS			2.3 STREET ADDRESS	3 Timor St
CITY-ST-ZIP	[ <u></u>		2. 4 CITY-ST-ZIP	STULET, FL 34996
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	;
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	-	DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	. [
CITY-ST-ZIP			4	
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		□ MELI¢	5.2 NAME	
ļ				
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Delete	5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS	/		6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-S1-ZIP	
	certify that the information supplied on this annual report or supplied or	with this filling does not outlify to	r the exemption sta	ted in Section 119.07(3)(i), Florida Statutes, I further certify that the information
officer or o	director of the corporation of the re- or Block 13 if obstaged, or the re-	ceiver or rustee pinpowarad to e	urate and that my st execute this report a	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in