FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34504 (1)

1. Corporation Name
D. RICHEY MANAGEMENT CORP.

Principal Place of Business
3119 SPRING GLEN ROAD, SUITE #118
JACKSONVILLE FL 32207

Mailing Address
3119 SPRING GLEN ROAD, SUITE #118
JACKSONVILLE FL 32207

2. Principal Place of Business
21 5501-3 Beach Boulevard
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip
24 32207
Country
25

2a. Mailing Address
26 5501-3 Beach Boulevard
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip
29 32207
Country
30

3. Date Incorporated or Qualified: 06/27/1991
3a. Date of Last Report: 09/22/1995
4. FEI Number: 94-2771779 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CLARK, BRAD
3119 SPRING GLEN ROAD, SUITE #118
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: Clark, Brad
82 Street Address (P.O. Box Number is Not Acceptable): 5501-3 Beach Boulevard
83
84 City: Jacksonville, FL
85 Zip Code: 32207

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: Brad Clark
Signature, typed or printed name of new registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	RICHEY, DAVID		1.2 NAME	
STREET ADDRESS	3035 S. PONTE VEDRA		1.3 STREET ADDRESS	
CITY-ST-ZIP	S. PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
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			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David Richey — David Richey — 2/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)