

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90002 015 ***150.00

DOCUMENT # P92000013475

1. Corporation Name

RICHARDS COURT, INC.



Principal Place of Business

1065 NE 125TH ST
STE. 207
NORTH MIAMI FL 33161
US

Mailing Address

1065 N.E. 125 ST.
#207
NORTH MIAMI FL 33161
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1992

4. FEI Number

59-3155662

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 36712 MICRO RACETRACK RD
Suite, Apt. #, etc.

22

City & State

23 FRUITLAND PARK FL

Zip Country

24 34731 25

2a. Mailing Address

26 36712 MICRO RACETRACK RD
Suite, Apt. #, etc.

27

City & State

28 FRUITLAND PARK FL

Zip Country

29 34731 30

9. Name and Address of Current Registered Agent

WARREN, HAROLD
1065 N.E. 125TH ST.
STE. 207
N. MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

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

36712 MICRO RACETRACK ROAD

83

84 City

FRUITLAND PARK

FL

85 Zip Code

34731

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 D ☐ DELETE

NAME WARREN, HAROLD

STREET ADDRESS 1065 NE 125TH ST

CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D ☐ DELETE

NAME WARREN, CYLVIA

STREET ADDRESS 1065 NE 125TH ST

CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D ☐ DELETE

NAME SKAVRONECK, RHODA

STREET ADDRESS 1065 NE 125TH ST

CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(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, with all other like empowered.

SIGNATURE: *Rhoda Skavroneck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 3523142077

CR2F034 (11/98)

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