## 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 23, 1999 8:00 am Secretary of State

04-23-1999 90168 023 \*\*\*150.00

DOCUMENT #	P920000	14620

RICHARI	OS QUALITY VEHICLES, INC	<b>).</b>				4 1801/001 1/4 (0)/0 (10)/0 (10)/0 (0)/1 (0)/1 (0)/1 (0)/1 (0)/1 (0)/1 (10)/1 (
	•					
Principal Place	e of Business	Mailing Address	-			
5421 EDGEWAT ORLANDO FL 3 US		5421 EDGEWATER DR ORLANDO FL 32810 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 12/18/1992
2. Principal P	ace of Business	2a. Mailing Address	_			4. FEI Number Applied For
21		26				59-3155091 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25 9. Name and Address of Curren	<u> </u>	30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
	g, Hallie and Addiess of Conten	. Kogisterea Agent		81	Name	()
	UNT, RICHARD A	,	}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
l	S. ORANGE BLOSSOM TRAIL PKA FL 32703		Ĺ	83		
,,,,	110116 02100					
	·		- 1	84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	uthorized	by t	the corporation	pration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
SIGNATURE						I when reinstating) DATE
42	Signature, typed or printed name of registered agen OFFICERS AN		13.	-gent	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	□ DELETE	1,1 TIII	E		Change Addition
NAME	RAGUNT, RICHARD A		1.2 NA			
STREET ADDRESS	5421 EDGEWATER DR		1.3 STF	REET.	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CIT			_
TITLE	SD	☐ DELETE	2,1 TITI	ΓĖ		☐ Change ☐ Addition
NAME	RAGUNT, KATHLEEN C		2.2 NA	ME.		
STREET ADDRESS	5421 EDGEWATER DR	en e	2.3 STF	REET.	ADDRESS	and the second of the second o
CITY-ST-ZIP	ORLANDO FL 32810		2. 4 CII	Y-\$1	F-21P	
TITLE		☐ DELETE	3.1 ∏∏	LΕ		☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS	•		3.3 STF	REET.	ADDRESS	,
CITY-ST-ZIP			3.4. CIT		r-ziP	
TMLE		☐ DELETE	4.1 TITI	LE	-	☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS			4.3 STF	REET.	ADORESS	
CITY-ST-ZIP			4.4 CIT		-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITI 5.2 NA			☐ Change ☐ Addition
NAME					ADDRESS	
STREET ADDRESS			5.4 CIT			
CITY-ST-ZIP		☐ DELETÉ	6.1 TITI		- 215	☐ Change ☐ Addition
TITLE	erit we	Correct	6.2 NA			<u> </u>
NAME STREET ADDRESS	AND STATE				ADDRESS	
SINLLI NUUNESSI	17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	_			1	

CITY-ST-ZIP ... PAR THE TOP IN THE 14. I hereby certify that the information supplied with this filing does not dualify 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 of the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: