## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1006



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

1930	
DOCUMENT :	Ħ

P93000023361 (7)

Principal Place of Business Mailing Address  1628 EAGLE NEST CIR WINTER SPRINGS FL 32708 US  RICH JACOBSON ASSOCIATES, INC.  Mailing Address  1628 EAGLE NEST CIR WINTER SPRINGS FL 32708 US					2708			3. Date Incorporated or Qualified 3a. Date of Last Report				
								03/24/1993	Ja. O	04/03/1	•	
2. Principa! Pla	ice of Business	2a.	Mailing Address					4. FEI Number	<del></del>		Applied For	
Suite, Apt. #	t oto	26	Suite, Apt. #, etc.					59-3173276			Not Applicable	
22	r, 6to.	27	Suite, Apr. #, etc.					5. Certificate of Status Desired			5 Additionat Required	
City & State			City & State					6. Election Campaign Financing			00 May Be	
23	T 0	28		T		·		Trust Fund Contribution		Adde	ed to Fees	
Zip <b>24</b>	Country 25	29	Zip	30	Country			This corporation has liability for Florida Statutes      This corporation has liability for Marketing Statutes	intangible 	tax under s	199.032,	
	9. Name and Address of Curren		tered Agent	1301				10. Name and Address of New F		d Agent		
					81	Nam	0					
	SON, RICHARD M				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptab	yle)			
	AGLE NEST CIR R SPRINGS FL 32708				83							
WINTER	1 SPNINUS PL 32/00											
					84	City			F	85 Z	p Code	
12.	Synature, tyred or printed name of registered agent OFFICERS AND			1	sred Agret <b>3.</b> TITLE	t signatur	s required	while recording  ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ND DIFFECTO	DRS IN 12	
NAME	JACOBSON, RICHARD M			1	2 NAME							
STHEET ADDRESS	1628 EAGLE NEST CIR WINTER SPRINGS FL				3 STREET		;					
CITY - ST - ZIP	S		DELETE		4 CITY - S 1 TITLE	! - ZIP	+			Change	Addition	
NAME	JACOBSON, MICHIKO Y		_	2.	2 NAME							
STREET ACIDRESS	1628 EAGLE NEST CIR			2	3 STREET	ADDRESS	; [					
CITY-ST-ZIP	WINTER SPRING FL		DELETE		4 C TY - S	1 - ZIP	ļ			<u> </u>		
TITLE NAME			L) Direct		1 TITLE 2 NAME					Cnange	☐ Add tion	
STREET ADDRESS					a street	ADDRES:	5					
CITY - ST - ZIP					4 CITY - S							
TITLE			DETE LE		1 TITLE					Change	Addition Addition	
NAME CLOSEL ADDRESS					2 NAME	*DD:SSS						
STREET ADDRESS CITY+ST-ZIF					3 STREET 4 City - St							
TILE			DELETE		1 Title		+		<del></del>	☐ Change	Addition	
NAME				5.3	2 NAME							
STREET ADDRESS				5	3 STHEE!	ADDRESS						
CITY-ST-ZIP			LJ Verere		4 CITY - S	I - ZIP	<b>_</b>			Channe	[7] Addition	
TITLE NAME			DELETE		1 TITLE 2 Name					Change	☐ Addition	
STREET ADDRESS					Z NAME 3 STREET	ADDRESS						
CHTY - ST - ZIP				1	4 CITY-SI							
14. I do hereby certify that i	the information indicated on this annua	al report	t or supplemental annu	shed ar	nd does d is tru	nol que	courate	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Fi	same leaz	al effect as it	firnade under	

SIGNATURE: >

Richard M JACOBSON 3-27-46