

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063042 (4)

1. Corporation Name

RICHARD BEM, INC.



Principal Place of Business

12621 WESTHAMPTON CIRCLE
W. PALM BEACH FL 33414

Mailing Address

12621 WESTHAMPTON CIRCLE
W. PALM BEACH FL 33414

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

06/14/1995

4. FET Number

65-0440570

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 ☒ No

2. Principal Place of Business

21 1241 Pinetta Cr.

Suite, Apt. #, etc.

2a. Mailing Address

26 1241 Pinetta

Suite, Apt. #, etc.

City & State

23 Wellington FL

Zip

24 33414

Country

25 USA

City & State

28 Wellington FL

Zip

29 33414

Country

30 USA

9. Name and Address of Current Registered Agent

FRANKLIN, ELLIOTT
1030 LAKE AVENUE
SUITE C
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 state tag number

(NOTE: Registered Agent signature required when transferring)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

BEM, RICHARD

12621 WESTHAMPTON CIRCLE

W. PALM BEACH FL 33414

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Bem

4/29/96

7984957(407)

CR2E034 (12/95)