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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # P93000082822 (6)

1. THE RICHMAN GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
10 VALLEY DRIVE GREENWICH CN 06831	10 VALLEY DRIVE GREENWICH CN 06831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1993	3a. Date of Last Report: 08/08/1994
4. FEI Number: 52-1710588	☐ 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	2a. Mailing Address
21 330 Clematis Street	26 330 Clematis Street
Suite, Apt. #, etc. 22 Suite 211	Suite, Apt. #, etc. 27 Suite 211
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33401	Country 25 Palm Beach
Zip 29 33401	Country 30 Palm Beach

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFE, LEON J 100 SE 2ND ST 38TH FLOOR MIAMI FL 33131	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 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: _____ DATE

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME RICHMAN, RICHARD P STREET ADDRESS 10 VALLEY DRIVE CITY-ST-ZIP GREENWICH CN 06831	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE S NAME SALZMAN DAVID STREET ADDRESS 10 VALLY DR CITY-ST-ZIP GREENWICH CT FL 06831	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE VP NAME RYAN PAULA J. STREET ADDRESS 330 CLEMATIS ST 211 CITY-ST-ZIP WEST PALM BCH FL 33401	31 TITLE ☐ Change ☐ Addition 32 NAME Ryan, Paula J. 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE AS NAME WOLFE LEON J. STREET ADDRESS 100 S.E. 2ND ST 38TH FL CITY-ST-ZIP MIAMI FL 3313-1	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE AS NAME GINA SCOTTI STREET ADDRESS 10 VALLEY DR CITY-ST-ZIP GREENWICH CT 06831	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: Paula J. Ryan 1/9/95

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — DATE

0104207 FD