

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Merthian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041946 (2)

1. Corporation Name
LURICH, INC.



Principal Place of Business

5835 LAKE WORTH RD.
GREEN ACRES FL 33463
US

Mailing Address

5835 LAKE WORTH RD.
GREEN ACRES FL 33463
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0564389

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

9. Name and Address of Current Registered Agent

JULYLIA, RICHARD M.
5835 LAKE WORTH RD.
GREEN ACRES FL 33463

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 607.07(2) 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

11a. TITLE	VD	☐ DELETE
11b. NAME	JULYLIA, LUCILLE M	
11c. STREET ADDRESS	5835 LAKE WORTH RD.	
11d. CITY, ST, ZIP	GREEN ACRES FL	
12a. TITLE	PSD	☐ DELETE
12b. NAME	JULYLIA, RICHARD M	
12c. STREET ADDRESS	5835 LAKE WORTH RD.	
12d. CITY, ST, ZIP	GREEN ACRES FL	
13a. TITLE		☐ DELETE
13b. NAME		
13c. STREET ADDRESS		
13d. CITY, ST, ZIP		
14a. TITLE		☐ DELETE
14b. NAME		
14c. STREET ADDRESS		
14d. CITY, ST, ZIP		
15a. TITLE		☐ DELETE
15b. NAME		
15c. STREET ADDRESS		
15d. CITY, ST, ZIP		
16a. TITLE		☐ DELETE
16b. NAME		
16c. STREET ADDRESS		
16d. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17a. TITLE		☐ Change ☐ Addition
17b. NAME		
17c. STREET ADDRESS		
17d. CITY, ST, ZIP		
18a. TITLE		☐ Change ☐ Addition
18b. NAME		
18c. STREET ADDRESS		
18d. CITY, ST, ZIP		
19a. TITLE		☐ Change ☐ Addition
19b. NAME		
19c. STREET ADDRESS		
19d. CITY, ST, ZIP		
20a. TITLE		☐ Change ☐ Addition
20b. NAME		
20c. STREET ADDRESS		
20d. CITY, ST, ZIP		
21a. TITLE		☐ Change ☐ Addition
21b. NAME		
21c. STREET ADDRESS		
21d. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form 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 included on this annual report or supplement if 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.

SIGNATURE:

Richard M Julylia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M JULYLIA 1-30-96

117-944-2091-117-432-0575

CR2E034 (12/95)