

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072967 (0)

1. Corporation Name

RICHMAR, INCORPORATED



Principal Place of Business

Mailing Address

**919 NORTH BERMUDA AVENUE
#202
KISSIMMEE FL 34741
US**

**P.O. BOX 423335
KISSIMMEE FL 34742-3335**

3. Date Incorporated or Qualified
10/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.
DELETE (NO APT #)

26
Suite, Apt. #, etc.

23
City & State

28
City & State

24
Zip
25
Country

29
Zip
30
Country

4. FEI Number
59-3273154

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

10. Name and Address of New Registered Agent

**ROSENBLATT, MARK R
919 NORTH BERMUDA AVENUE
#202
KISSIMMEE FL 34741**

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: *Mark R. Rosenblatt*

Signature typed or printed name of registered agent and title if applicable.

MARK R ROSENBLATT 4-10-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARK R. ROSENBLATT	
STREET ADDRESS	919 NORTH BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/V/T/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHIRLEY ROSENBLATT	
2.3 STREET ADDRESS	3830 BAYCLUB CIRCLE, # 202	
2.4 CITY-ST-ZIP	KISSIMMEE, FLORIDA 34741	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Mark R. Rosenblatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK R ROSENBLATT 4-10-96

Date

Daytime Phone #

CR2E034 (12/95)