FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE: Donald G. Rich

CITY-ST- AP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074589 (0)

RICHERT PERPETUAL FUNDING, INC.

Mailing Address Principal Place of Business 400 E EAGLE LAKE LOOP ROAD 400 E EAGLE LAKE LOOP ROAD WINTER HAVEN FL 33884-2840 WINTER HAVEN FL 33884 3. Date Incorporated or Qualified 3a. Date of Last Report 10/06/1994 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3277255 Not Applicable 21 26 Suite. Apt. #, otc. \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No Country Country Zιρ 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RICHERT, DONALD G **400 E EAGLE LAKE LOOP ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 83 84 City 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 DATE Signature, typicd or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TOLE RICHERT, DONALD G 1.2 NAME NAME 400 E EAGLE LAKE LOOP RD 13 STREET ADDRESS STREET AODRESS WINTER HAVEN FL 33884 CITY-ST-7IP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change ■ Addition DELETE 4.1 TITLE TOTLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP City-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Phone 941–325–8103

8, 1997

FILED

Feb 04 1997 8:00am

Secretary of State