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

Mailing Address

3507 RANCH RD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3507 RANCH RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083663 (2)

RICHARD BALBIERER, INC.

VALRICO FL 33594 VALRICO FL 33594-8410 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1994 03/08/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3278429 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALBIERER, RICHARD 3507 RANCH RD Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 83 84 City 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. (NOTE Registered Agent signature required when reinstating) Sign in we hyperdisciplinated name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change ☐ Addition THLE 1.1 TITLE BALBIERER, RICHARD 1.2 NAME NAME 3507 RANCH RD STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 1.4 CITY-ST-ZIP C(1Y-S1-7)F DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP COTY - ST - ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition THE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-S1-ZiP 4.4 CITY-ST-ZIP DELETE Addition Change TIFLE 5.1 TITLE NAM 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CtTY - ST - ZIP DELETE Change Addition THLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CHTY-ST-ZIP

4/6/97 813 685:2600

FILED

Apr 10 1997 8:00am

Secretary of State