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

Mailing Address

PO BOX 2303 SARASOTA FL 34230-2303

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business
1420 MAGELLAN DRIVE

SARASOTA FL 34243

SUITE 101A



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

Faith Hancock 4/20/98

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019852 (9)

RICHARD T. JOSEPH, INC.

2. Principal Place of Busiless		2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0570170	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional
22		27				Fee Required
City & State City & State					_	\$5.00 May Be
23		28	L			Added to Fees
Zip	Country	Zip	Coun	ry	This corporation owes or has paid the current	,
24 25 29 30 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes X No 10, Name and Address of New Registered Agent		
				1 Name	10, Name and Address of New Registered Age	11.
ICARD MERRILL CULLIS TIMM FUREN & GINSBERG 2033 MAIN STREET				I Marile		
				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 600				3		
SARASOTA FL 34237				3		
			8	4 City	FL ⁸	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				ve-named co	orporation submits this statement for the purpose of cha	nging 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						
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable (NOTE	Registered /	gent signature req	gured when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE	D	☐ DELETE	1.1 TITU			Change Addition
NAME	184100011, 174111		1.2 NAM	E		
STREET ADDRESS			1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34230-2303	SOTA FL 34230-2303		- ST - ZIP		
TITLE		DELETE	2.1 TITL			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-\$T-ZIP			2. 4 CIT	-ST-ZIP		
TITLE	☐ DELÉTE 3.1 T		3.1 TITL] "		Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	-ST-ZIP		
TITLE		☐ DELETE	4.1 1(TL)			Change
NAME			4. 2 NAN	1E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		·	_	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITU	i i		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP				- S1 - ZIP		
TITLE			6.1 TITL		L	Change
NAME			6.2 NAM	- t		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP		1	5.4 CITY			
14. I 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.						