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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

P95000021476 (3)

## DICH MANAGEMENT CORPORATION

**FILED** May 01 1996 8:00 am Secretary of State

NICH N	MANAGEMENT CONFORM	10I1				
Principal Place	of Business	Mailing Address			4 - 12 - 11 - 12 - 13 - 13 - 13 - 13 - 13	
676 W PROSPECT RD FT LAUDERDALE FL 33309		676 W PROSPECT RD FT LAUDERDALE FL 33309				
					3. Date Incorporated or Qualified 03/16/1995	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Addre	2a. Malling Address 6		4. FEI NUMPERPORTE	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	- 1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	4 25 2		30 Co.	intry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		ļ	10. Name and Address of New	Registered Agent
•				81 Name		
RICHMAN, JEFFREY 9812 NW 48TH COURT				82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL	SPRINGS FL 33076			83		
				84 City	<del></del>	FL 85 Zip Code
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was i	authorized by the	ove-named corpor corporation's boar	ation submits this statement for the p rd of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE	.,					
SIGNATURE _	Signature, typed or printed name of registered ager	nt and the it applicable	(NOTE: Registered	l Agent signatura require	d when reinstating)	DATE (
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	
TITLE	D	[_] DEL	111	TITLE	•	☐ Change ☐ Addition [:
NAME	RICHMAN, JEFFREY		12 N	IAME		
STREET ADDRESS	9812 NW 48TH COURT		135	TREET ADDRESS		
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NAME				JAME *	-06/U (/36U)	.U3U~~@@U <b>Ø</b> /2~~ <b></b>
STREET ADDRESS				STREET ADDRESS	***200.00	-/ <i>/</i>
CITY-ST-ZIP				DITY-ST-ZIP		<b>''ソル</b>
VIIIT-01"ZIF	J	d with this files is value		I doce not qualify t	for the exemption stated in Section 11	0.07/3V/V Florida Statutes I further

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: SMATURE AND TYPE NED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #