

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

**FILED**  
**Feb 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000022713 (8)**  
 1. Corporation Name  
**RICHMARE, INC.**



Principal Place of Business <b>3235 TAMPA RD                  STE 1058                  PALM HARBOR FL 34684                  US</b>	Mailing Address <b>3337 CRESENT OAKS BLVD                  TARPON SPRINGS FL 34689-7803</b>
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3. Date Incorporated or Qualified <b>03/20/1995</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0570311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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<b>9. Name and Address of Current Registered Agent</b> <b>EBERT, MARY A</b> <b>3337 CRESENT OAKS BLVD</b> <b>TARPON SPRINGS FL 34689</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D /S/VP	NAME EBERT, MARY A	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 3337 CRESENT OAKS BLVD	CITY-ST-ZIP TARPON SPRINGS FL 34689	1.2 NAME	
TITLE D / P	NAME EBERT, RICHARD A	1.3 STREET ADDRESS	
STREET ADDRESS 3337 CRESENT OAKS BLVD	CITY-ST-ZIP TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE T	NAME Jennifer Ebert	2.2 NAME	
STREET ADDRESS 3337 Crescent Oaks Blvd	CITY-ST-ZIP Tarpon Springs, FL 34689	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-ST-ZIP	
STREET ADDRESS			
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.

SIGNATURE: *Mary Ann Ebert* **REQUIRED** 2/7/97 (813) 771-0200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)