

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90122 036 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000047273**

1. Corporation Name

**B S RICH & ASSOCIATES INC.**



Principal Place of Business

19950 N.E. FIFTH COURT  
N MIAMI BEACH FL 33179

Mailing Address

~~5672 ROCK ISLAND RD  
SUITE 257  
TAMARAC FL 33319  
US~~

**1142 LINCOLN ST  
Hollywood, FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/16/1995**

2. Principal Place of Business

**21 1142 LINCOLN ST**

2a. Mailing Address

**26 1142 LINCOLN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Hollywood, FL**

City & State

**28 Hollywood, FL**

Zip

**24 33019**

Country

**25 USA**

Zip

**29 33019**

Country

**30 USA**

9. Name and Address of Current Registered Agent

~~RICHARDSON, BRIAN  
19950 N.E. 5TH COURT  
SUITE 211  
N MIAMI BEACH FL 33179~~

**1142 LINCOLN ST  
Hollywood, FL 33019**

10. Name and Address of New Registered Agent

**81 Name Richardson, Brian**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**1142 LINCOLN ST.**

**83**

**84 City Hollywood**

**FL**

**85 Zip Code 33019**

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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, BRIAN</b>	1.2 NAME	
STREET ADDRESS	<b>19950 N.E. FIFTH COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33179</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

**SIGNATURE**  
**President 7/15/99**

Date

Daytime Phone #

**954-922-6999**

CR2E034 (5/99)

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611908

2/30/99

To Whom Concerns:

I paid my filing fee  
4/14/99 cl# 2644  
I believe I did not  
sign my report so  
here is a signed  
Report.

Thanks

Brian  
Richardson

(954) 922-6999