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

Mailing Address 2225 DUMAS ST

MERRITT ISLAND FL 32952-5523

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000091545 (0)

RICHARD L. SANDERS, INC.

Principal Place of Business

2225 DUMAS ST MERRITT ISLAND FL 32952

3a. Date of Last Report 3. Date Incorporated or Qualified 11/29/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0627957 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country Ζip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SANDERS, RICHARD L Name 2225 DUMAS ST Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 83 City 84 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 607.0506, Florida Statutes. SIGNATURE Signature, typical or permittal name of regeltered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE 1111 SANDERS, RICHARD L NAME 1.2 NAME CR2E034 2225 DUMAS ST 1.3 STREET ADDRESS STHEFT ADDRESS MERRITT ISLAND FL 32952 1.4 CITY-ST-7IP CITY-ST Change Addition DELETE 2.1 TITLE THE 2.2 NAME NAVE STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY- ST- ZIP 047-51-7 DELETE Change Addition

31 TITLE

3.2 NAME 3.3 STREET ADDRESS

4 1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP COLY - S1 - ZIP 14. I do hereby certify that the information supplied with this fiting 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

SIGNATURE:

TILLE

NAMÉ

TITLE

NAME STREET ADDRESS

101(1)

NAME STREET ADDRESS

THE

NAME

CHY-ST-ZE

CITY: \$1-20

STREET ADDRESS

STREET ADDRESS CITY-ST ZIP

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May 02 1997 8:00am

Secretary of State

407-454-9882

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