

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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90040 042 ***150.00

UNRECORDED

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000002836

1. Corporation Name
RICHTER COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
 871 CORDOVA BLVD NE 871 CORDOVA BLVD NE
 ST PETERSBURG FL 33704 ST PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1996

4. FEI Number
59-3350208

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **2008 TANGLEWOOD WAY N.E.** 26 **2008 TANGLEWOOD WAY N.E.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **ST. PETERSBURG, FL** 27 **ST. PETERSBURG, FL**
 City & State City & State

23 **33702** 24 **PINELLAS** 25 **33702** 29 **PINELLAS** 30
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
RICHTER, KATHY K
 82 Street Address (P.O. Box Number is Not Acceptable)
~~871 CORDOVA BLVD NE~~ **2008 TANGLEWOOD WAY N.E.**
~~ST PETERSBURG FL 33704~~ **ST. PETERSBURG, FL 33702**

83
 84 City **FL** 85 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 607.0505, 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

TITLE DELETE
 NAME **D RICHTER, KATHY K**
 STREET ADDRESS **871 CORDOVA BLVD NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/S/D/C** Change Addition
 1.2 NAME **RICHTER, KATHY K.**
 1.3 STREET ADDRESS **2008 TANGLEWOOD WAY N.E.**
 1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: **Kathy K Richter**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHY K RICHTER

4/26/99 (727) 527-8444
 Date Daytime Phone #

CR2E034 (11/98)