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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040850 (5)

RAY RICHARD & ASSOCIATES, INC.

Principal Place of Business Mailing Address 2919 E COMMERCIAL BLVD. 2919 E COMMERCIAL BLVD. STE A FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-4207 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name allen H. Katz Pa 2919 E COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 FORT LAUDERDALE FL 33308 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tirc if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Addition DELETE 1.5 TITLE Change TIFLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY- ST- ZIE Addition DELFYE 2.1 TITLE DILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE 32 NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST-ZIP CITY-SI-7P DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

64 CITY-SI-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 directly 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 Brock 2 of Block 1215, changed, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 City-St-Zip

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6 1 TITEF

6.2 NAME

SIGNATURE

CHY-ST-ZIF

C.1Y-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAM

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(4-9-97

954-435-8629

Change

Addition

Addition

FILED

Apr 16 1997 8:00am

Secretary of State

Phone #