

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

**FILED**

**Jan 24 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 # P96000044845 (1)**  
 1. Corporation Name  
**RICH ENTERPRISES, INC.**



Principal Place of Business <b>1500 SAN REMO AVENUE #125 CORAL GABLES FL 33146</b>	Mailing Address <b>1500 SAN REMO AVENUE #125 CORAL GABLES FL 33146-3049</b>
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3. Date Incorporated or Qualified <b>05/24/1996</b>	3a. Date of Last Report <b>INITIAL YEAR</b>
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2. Principal Place of Business 21 <b>4450 EAST BAY DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3000 EAGLE BEND ROAD</b> Suite, Apt. #, etc.
22 City & State 23 <b>CLEARWATER, FLORIDA</b>	27 City & State 28 <b>SPRING HILL FLORIDA</b>
24 <b>34624</b> 25 <b>USA</b>	29 <b>34606</b> 30 <b>USA</b>

4. FEI Number <b>65-0668813</b>	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RICH, BRUCE L  
4450 EAST BAY DR.  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

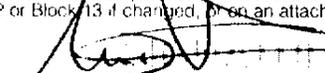
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RICH, BRUCE L</b>	
STREET ADDRESS	<b>1500 SAN REMO AVENUE #125</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	<b>RICH, MARK D</b>	
STREET ADDRESS	<b>1500 SAN REMO AVENUE #125</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>RICH, MICHAEL B JR</b>	
STREET ADDRESS	<b>1500 SAN REMO AVENUE #125</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3000 EAGLE BEND ROAD</b>
1.4 CITY - ST - ZIP	<b>SPRING HILL, FLORIDA 34606</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3000 EAGLE BEND ROAD</b>
2.4 CITY - ST - ZIP	<b>SPRING HILL, FLORIDA 34606</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3000 EAGLE BEND ROAD</b>
3.4 CITY - ST - ZIP	<b>SPRING HILL FLORIDA 34606</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:  **MARK D. RICH** 1/15/97 305-577-7058  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)