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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000024160**1. Corporation Name

Principal Place of Business

RICH ART GRAPHICS, INC.

3006 LAND TREE PLACE ORLANDO FL 32812		3006 LAND TREE PLACE ORLANDO FL 32812			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 03/12/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-3482436</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22		27			ree Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	<del> </del>		Trust Fund Contribution Added to Fees
Zip <b>24</b>	Country 25	Zip 29 3	Country		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	SOM BIGUARD A		81	Name	ne
LARSON, RICHARD A 3006 LAND TREE PLACE			82 Street		et Address (P.O. Box Number is Not Acceptable)
ORL	ANDO FL 32812		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.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, RICHARD A		1.2 NAME		
STREET ADDRESS	3006 LAND TREE PLACE		1.3 STREE	TADORESS	· ·
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREE	T ADDRESS	ESS
CITY-ST-ZIP			2. 4 CITY-5	ST- ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	ESS
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADORESS	ESS
CITY- ST- ZIP		<u> </u>	4.4 CITY-S	T-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	ESS
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	ESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

May 10, 1999 8:00 am Secretary of State

05-10-1999 90140 049 \*\*\*150.00