

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90036 024 \*\*\*150.00

0476498

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000074995

1. Corporation Name  
**RICHTEK, INC.**



Principal Place of Business  
 10 EAGLE WAY  
 SEEKONK MA 02771

Mailing Address  
 10 EAGLE WAY  
 SEEKONK MA 02771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4251 HEARTHSTONE DR.  
 Suite, Apt. #, etc.

2a. Mailing Address

26 4251 HEARTHSTONE DR.  
 Suite, Apt. #, etc.

23 City & State

SARASOTA, FL.

28 City & State

SARASOTA, FL.

24 Zip

34238

25 Country

USA

29 Zip

34238

30 Country

USA

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

58-2350776

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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: PTSD  DELETE  
 NAME: RICHARD GIRARD  
 STREET ADDRESS: 10 EAGLE WAY  
 CITY-ST-ZIP: SEEKONK MA 02771

TITLE: VPD  DELETE  
 NAME: AUDREY A GIRARD  
 STREET ADDRESS: 10 EAGLE WAY  
 CITY-ST-ZIP: SEEKONK MA 02771

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:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS: 4251 HEARTHSTONE DR.  
 1.4 CITY-ST-ZIP: SARASOTA, FL. 34238

2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS: 4251 HEARTHSTONE DR.  
 2.4 CITY-ST-ZIP: SARASOTA, FL. 34238

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Girard*

RICHARD GIRARD

1-4-99

941-966-7385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)