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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074995 1. Corporation Name

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90036 024 ***150.00

RICHTER	K, INC.									
Principal Place	e of Business	Mailing Address			\neg	{	EIO IOIII IBBII OOIII	4 4 161 4 4 161	i i an ii minin inis	
10 EAGLE WAY		10 EAGLE WAY								•
SEEKONK MA 02771 SEEKONK MA 02771							DO NOT W	RITE IN THIS	e enace	
					-	3. Date Incorpo			S SPACE	
					Į	08/28/199		.u		
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·			oplied For
	HEARTHSTONE DR.		4 To.J	E D	12.	58-23507	76	·	 -	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	,,,,,,	<u> </u>	•		•		\$8.75	Additional
22	,	27				5. Certifcate of	Status Desired		Fee R	equired
City & State	e	City & State				6. Election Can	npaign Financin	g. []	\$5.00	May Be
23 SARA	SOTA , FL.	28 SARASOTA				Trust Fund Contribution Added to Fees				to Fees
Zip	Country		Country			8. This corporat		urrent year Ir		MNo
24 342		29 34238 30	<u>ب</u> ن	54		Personal Pro		B	☐ Yes	No
	9. Name and Address of Current	Registered Agent	- laat	Nome		10. Name and A	adress of Nev	/ Registered	Agent	
ΩT	CORPORATION SYSTEM		81	Name						
1200 SOUTH PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)							
	VTATION FL 33324		83					•		
FUN	41A11014 £ 35024		83							
			84	City				FI	85 Zip	Code
		4500 51 11 01 11 11				4:	atatament for th		_ ,	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida. Such change was authori	zed by t	-named c he corpoi	corpora ration's	s board of directo	rs. I hereby acc	ept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	tatutes.							
SIGNATURE		(NOTE: Decide		elemeture re-	on head and	han rainatation		DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Signature re-	iqualeu wi	hen reinstating) ADDITIONS/C	HANGES TO C		ND DIRECTO	ORS IN 12
TITLE	PTSD		.1 TITLE						Change	☐ Addition
NAME	RICHARD GIRARD	1.	.2 NAME							
STREET ADDRESS	10 EAGLE WAY	1 1	3 STREET.	ADDRESS	425	SI HEART	HSTONE	1712.		
CITY-ST-ZIP	SEEKONK MA 02771		4 CITY- ST		JA	ZASOTA,	FL. 34	1238	,	
TITLE	VPD		.1 TITLE	1		•			Change	Addition
NAME	AUDREY A GIRARD	2	2 NAME	1						Ì
STREET ADDRESS	10 EAGLE WAY	2	3 STREET	ADDRESS	42	51 HEAD	2THSTONE	<u>:</u> [31≥,		1
CITY-ST-ZIP	SEEKONK MA 02771	2	. 4 CITY-S1	r-ZIP	94	LASOTA C	FL. 36	1238	~ -	
TITLE		☐ DELETE 3	.1 TITLE			*			Change	☐ Addition
NAME		3	.2 NAME							
STREET ADDRESS		3	.3 STREET	ADDRESS						
CITY-ST-ZIP		34.0		r-ZIP						
TITLE		☐ DELETE 4	.1 TITLE						Change	☐ Addition
NAME		4	. 2 NAME							
STREET ADDRESS		4	.3 STREET	ADDRESS						
CITY-ST-ZIP			4 CITY-ST	-ZIP						
TITLE		1	.1 TITLE	1					Change	☐ Addition
NAME			.2 NAME							
STREET ADDRESS			3 STREET	- 1						
CITY-ST-ZIP		540		-ZIP						□ # J J J J J J J J J J J J J J J J J J
TITLE			.1 TITLE						Change	☐ Addition
NAME			.2 NAME							
STREET ADDRESS	*		.3 STREET	I						
		2	4 CITY-ST	-7!P						

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 collocation 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:

RICHARDOGIRARD

1-4-99

941-966-7385 Daytime Phone #