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

PROFIT CORPORATION **ANNUAL REPORT**

1998

ŧ.



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem, 🔒

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000101037 (4)

RICHARD PLUMER DESIGN, INC.

Principal Place of Business	Mailing Address
425 S. OLIVE AVENUE WEST PALM BEACH FL 33401	425 S. OLIVE A' WEST PALM BE

FILED Apr 15 1998 8:00am Secretary of State



VENUE ACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/26/1997 i. FEI Number 45-0793-/27 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POWELL, GILBERT 425 S. OLIVE AVENUE Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE PRESIDENT 1.1 TITLE NAME 1.2 NAME Srephen Mooney STREET ADDRESS RUSSIAN Drive 1.3 STREET ADDRESS CITY-ST-ZIP Beach 41 <u>3 405</u> 1,4 CITY-ST-ZIP Change ☐ Addition TITLE 2.1 TITLE 4 Powell NAME 2.2 NAME Cotton BALL Dr. W # 14/3 STREET ADDRESS 2.3 STREET ADDRESS 3 340G 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE 3.1 TITLE DEREK LAGBETT 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 333/4 St. Laudendele PL 3.4. CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 record of the corporation of the record of the corporation or the record of the corporation of the record of the r officer or director of the corporation or the re-Block 12 or Block 13 if changed, or on that