

|                                              |                                                                                   |                                                                                                                 |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

DOCUMENT # P 9800000 1698

1. Corporation Name

Rich Corp, of Orlando

Principal Place of Business

Mailing Address

3640 W. Kennedy Blvd  
Tampa FL 33609

Same

99 OCT 14 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01-08-1998

4. FEI Number

59-3494085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

Miko P. Gunderson  
1861 Placida Road  
Suite 204  
Englewood, FL 33423

10. Name and Address of New Registered Agent

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| 81 Name                                               | Richard Bantock      |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 3640 W. Kennedy Blvd |
| 83                                                    |                      |
| 84 City                                               | TAMPA                |
| 85 FL                                                 | 33609                |

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

9/9/99

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | President                 | <input type="checkbox"/> DELETE |
| NAME           | Richard Bantock           |                                 |
| STREET ADDRESS | 2531 E. Milner Drive      |                                 |
| CITY-ST-ZIP    | Sarasota, FL 34237        |                                 |
| TITLE          | Rudolph Roman, Vice Pres  | <input type="checkbox"/> DELETE |
| NAME           | 2647 Sydelle St           |                                 |
| STREET ADDRESS | Sarasota, FL 34237        |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          | Aurora Bantock, Secretary | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                           |                                                                              |
| 1.3 STREET ADDRESS |                           |                                                                              |
| 1.4 CITY-ST-ZIP    |                           |                                                                              |
| 2.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                           |                                                                              |
| 2.3 STREET ADDRESS |                           |                                                                              |
| 2.4 CITY-ST-ZIP    |                           |                                                                              |
| 3.1 TITLE          | Secretary                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Aurora Bantock            |                                                                              |
| 3.3 STREET ADDRESS | 770 Anderson Ave Apt 23 J |                                                                              |
| 3.4 CITY-ST-ZIP    | Cliffside Park, NJ 07010  |                                                                              |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/1/99

Daytime Phone #

CR2E034 (11/98)