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

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90003 040 ***550.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name	P98000011446
RCH LABS, INC.	

Principal Place of Business 1930 S MOBILE VILLA DR

Mailing Address

1930 S MOBILE VILLA DR

LUTZ FL 33549 LUTZ FL 33549

3. Date Incorporated or Qualifed 02/04/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 92326 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zio □No 30 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent

HOOK, RANDOLPH C 1930 S MOBILE VILLA DR **LUTZ FL 33549**

	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, 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 r			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	☐ DELETE	1.1 TITLE	D	Change	Addition
NAME		1.2 NAME	HOOK RANDOLPH C		
STREET ADDRESS		1.3 STREET ADDRESS	1930 5 MOBILE VILLA DR		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1930 5 MOBILE VILLY DR LUTZ FL 33549		
TITLE	DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	•	5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-7IP		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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

RANDOLPH C

CR2E034 (11/98)