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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90020 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046836

1. Corporation Name

MICHAEL RICHARDS, INC.

Principal Place of Business 1391 NORTH HWY 1 TITUSVILLE FL 32769	Mailing Address 1391 NORTH HWY 1 TITUSVILLE FL 32769
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>Shore</i>		2a. Mailing Address 26 <i>Shore</i>		3. Date Incorporated or Qualified 05/19/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number - 59-3511316	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COTE, SHERRY MARIE 601 INDIAN RIVER BLVD. STE.201 EDGEWATER FL 32141		10. Name and Address of New Registered Agent 81 Name <i>MARCIE S ROBERTS</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>1240 EDWARD LT</i> 83 84 City <i>TITUSVILLE</i> FL 85 Zip Code <i>32796</i>	
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I, 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

Marcie S Roberts

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT MICHAEL E. LANDRY 1391 N. HWY. #1 TITUSVILLE FL 32796</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>P MICHAEL E LANDRY 1391 N. HWY #1 TITUSVILLE, FL 32796</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 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

Michael E Landry

3/24/99

Date

407-2683611

Daytime Phone #

CR2E034 (1/1998)