SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000073028

RICHARD VOLK SALES, INC.

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90006 030 \*\*\*550.00



					<del></del>		
Principal Place	of Business	Mailing Address	Mailing Address				
17548 B ASHBOURNE LANE UNIT 22 BOCA RATON FL 33496		17548 B ASHBOURNE LANE UNIT 22 BOCA RATON FL 33496					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 08/19/1998	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		26				1.7~08 56 96   Not Applicable	
Suite, Apt. #	atc	<del></del>	Suite, Apt. #, etc.			\$8.75 Additional	
22	, 0.0.	27				5. Certificate of Status Desired Fee Required	
City & State		<del></del>	City & State			6. Election Campaign Financing \$5.00 May Be	
		— ·	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Со	untry	<del></del>	8. This corporation owes the current year	
— ·	<u> </u>	29	30	- ,		Intangible Personal Property. Yes No	
24	25		1301	Т		10. Name and Address of New Registered Agent	
g. Name and Address of Current Registered Agent				81	Name		
VOLI							
	8 B ASHBOURNE LANE UNIT	22	82 Street		Street A	ddress (P.O. Box Number is Not Acceptable)	
	A RATON FL 33496			83	<del> </del>		
				84	City	F Zip Code	
		500 L 007 4500 Fleside Ctet					
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 broad or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)    DATE							
OFFICE AND DIPLOTORS					gent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		AND DIRECTORS	13			Change Addition	
TITLE	PD ! VOLK, RICHARD	DELETE	1.1 TITLE 1.2 NAME		1	Change Addition	
NAME	- LINUT OO						
STREET ADDRESS	17548 B ASHBOURNE LANE	E UNII 22	1.3 STREET ADDRESS			•	
CITY-ST-ZIP BOCA RATON FL 33496			1.4 CITY-ST-ZiP.		Γ-ZiP.		
TITLE	, .		<b>I</b>			Change Addition	
NAME			2.2	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		「ADDRESS		
CiTY-ST-ZIP		2.4 CITY-ST-		T-ZIP			
TITLE	DELETE 3.		3.17	TITLE		Change Addition	
NAME			3.21	NAME			
STREET ADDRESS			3.3 8	TREE	TADDRESS		
CITY-ST-ZIP			3.4 (	CITY-S	T-ZIP		
TITLE		DELETE	4,1	TITLE		Change Addition	
NAME			4.2 (	NAME			
STREET ADDRESS			4.3 \$	STREE	TADDRESS		
CITY-ST-ZIP			4.4 (	CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				STREE	TADDRESS	•	
1 1		1		CITY-ST-ZIP			
TITLE				TITLE		Change Addition	
	DELETE		1	6.2 NAME		the contract of the contract o	
NAME					T ADDRESS		
STREET ADDRESS						•	
14. I hereby certify that the information supplied with this filing does not qualify for the				CITY-S	n stated in	section 119 07/3Vi). Florida Statutes. I further certify that the information	
, na inerenvice	mny mai ine information subbliéd w	man uns ming goes not quality for	UTO CACI			Social Traditional indicator and the second and the second	

4. 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 of virustee empkyered 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.

**SIGNATURE:** 

NATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/d //9 S6/-24/- 154

CR2E034 (5/99)