

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90011 014 ***150.00

DOCUMENT # P98000087685

1. Corporation Name

RICH OFFERINGS, INC.



Principal Place of Business

240 45TH AVE.
ST. PETERSBURG FL 33706

Mailing Address

240 45TH AVE.
ST. PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

59-3539045

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

2. Principal Place of Business

21 1240 N. Palm Ave

2a. Mailing Address

26 1240 N. Palm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota FL

City & State

28 Sarasota FL

Zip

24 34236 25 USA

Zip

29 34236 30 USA

9. Name and Address of Current Registered Agent

HANDSMAN, MARNIE
240 45TH AVE.
ST. PETERSBURG FL 33706

10. Name and Address of New Registered Agent

81 Name Marnie Handsman

82 Street Address (P.O. Box Number is Not Acceptable)

1240 N. Palm Ave

83

84 City Sarasota FL 85 Zip Code 34236

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

Marnie Handsman

1-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HANDSMAN, MARNIE
STREET ADDRESS 240 45TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33706

TITLE D ☒ DELETE
NAME RACANELLI, MARIO
STREET ADDRESS 240 45TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33706

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

Marnie Handsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 941 906 1723

CR2E034 (1/98)