SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S31941** **(5)**

1. Corporation Name
RICHARD EDWARDS, INC.

Principal Place of Business	Mailing Address
4850 SW 63 TERRACE SUITE 134 DAVIE FL 33314	4850 SW 63 TERRACE SUITE 134 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1991
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business	2a. Mailing Address
21 2117 SW 72nd Ave.	26 2117 SW 72nd AVE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 DAVIE, FL	City & State 28 DAVIE FL
Zip / Country 24 33317 / 25 USA	Zip / Country 29 33317 / 30 USA

4. FEI Number: 65-0244886 ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDWARDS, RICHARD 4850 S.W. 63RD TERRACE #134 SUITE 134 DAVIE FL 33314	81 Name: EDWARDS, Richard 82 Street Address (P.O. Box Number is Not Acceptable): 2117 SW 72nd AVE 83 84 City: DAVIE FL 85 Zip Code: 33317

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: Richard Edwards PRES — DATE: 7-17-95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. Additions, Changes, Deletions	
TITLE	PD	11 TITLE	P.D. ☒ Change ☐ Addition
NAME	EDWARDS, RICHARD	12 NAME	EDWARDS Richard
STREET ADDRESS	4850 SW 63RD TERR. # 134	13 STREET ADDRESS	2117 SW 72nd AVE
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP	DAVIE FL 33317
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard Edwards — 7-17-95 — 305-792-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074857 CP