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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S46506**

1. Corporation Name

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90078 019 ***150.00

RICHLAN	M LIMITED, INC.									
			·							
Principal Place	e of Business		Mailing Address							
6574 N STATE RD 7 6574 N STATE RD 7										
COCONUT CREEK FL 33073 COCONUT CREEK FL 33073				/3			DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
							04/19/1991			
2. Principal P	lace of Business	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address*				4. FEI Number	•	<u> </u>	plied For
21		2	6				65-0256684		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	2	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
City & Stat	te		City & State				6. Election Campaign Financing		\$5.00	May Be
23	•	. 2	8				Trust Fund Contribution		Added t	
Zip	Coun	try	Zip	Cour	ntry		8. This corporation owes the cur	rent year Inta		An.
24	25	2	<u> </u>	30			Personal Property Tax. 10. Name and Address of New I	Da-Jatanad	Yes	15/1/0
<u> </u>	9. Name and Addi	ress of Current Re	gistered Agent		81 1	Name	10. Name and Address of New (registered i	Agent	
LAM	ANNA, RICHARD C									
	1 NE 27TH AVE			1	82 8	Street Addre	ss (P.O. Box Number is Not Accept	able)	•	
LIGH	ithouse point fl	. 33064	·	•	83					
					84 (City			85 Zip (Code
								FL.	changing its	registered
l office or r	registered agent, or hot	th in the State of Flo	orida. Such change was i	autnonzed	n-evoc hv the	ameu corpo	ration submits this statement for the 's board of directors. I hereby acce	pt the appoir	ntment as re	gistered
					,	e corporation				
agent. I a	am familiar with, and ac	cept the obligations	of, Section 607.0505, Flo	orida Statu	ites.	e corporation			,	
agent. I a	am familiar with, and ac	cept the obligations	of, Section 607.0505, Fi	onda Statu	ites.	ignature required		DATE		
agent. l a	am familiar with, and ac	cept the obligations	title if applicable. (NOT	onda Statu	ites.			DATE	D DIRECTO	ORS IN 12
agent. I a	am familiar with, and ac	me of registered agent and OFFICERS AND DI	title if applicable. (NOT	E: Registered 13. 1.1 TIT	Agent si		when reinstating)	DATE		
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 changes, or one attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: