PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \	/53037
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Principal Place of Business
9715 ATLANTIC BLVD.

Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90011 006 ***150.00

RICHWA	SH, INC.				
					(411 8:833 8:811 8:815 010:11 10 01
Principal Place		Mailing Address			
9715 ATLANTIC BLVD. 9715 ATLANTIC BLVD. JACKSONVILLE FL 32225 JACKSOMVILLE FL 32225		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
				07/24/1992	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	. Applied For
21 P.O.	BOX 19065	26 PO Box_	19065	59-3134866	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	~\$8.75 Additional
22		27			Fee Required
City & State	•	City & State	. 5	6. Election Campaign Financing	\$5.00 May Be
	CONVICE	128 - VACKSONVI	Country /	Trust Fund Contribution This corporation owes the current year interest.	Added to Fees
Zip Zip	Country	Zip 29 32,245-9065 [31		Personal Property Tax.	Zingpole ZiYes □No
24 <u>32272</u>	9. Name and Address of Current	11 00 00 1	<u>'</u>	10. Name and Address of New Registered	
	3. Hallie and Address of Correct	rogistered Agens	81 Name		
SAF	er, eliot j.			RICHARD SCHUSTER Address (P.O. Box Number is Not Acceptable)	
3974	WOODCOCK DRIVE		82 Street	Radress (P.O. Sox Number is Not Acceptable)	
SUIT	E 100		83	se com Clase Poss	2025/
JACI	KSONVILLE FL 32207		810	DR GLEEN GLADE LOWN	85 Zip Code
			84 City	TACKSONVILLE FL	22343
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 reation's board of directors. I hereby accept the appoint	changing its registered
office or n	egistered agent, or both, in the State of m familiar with and accept the oblication	Florida. Such change was auth ons of, Section 607.0505, Florida	iorized by the corpo a Statutes.	ration's board of directors, I hereby accept the appoint	THIRE IL SO TEGISLETEL
SIGNATURE	1 1.81.0	1		Flagran 23, 18	19
SIGNATURE	Organicate in process process (and an organicate age		gistered Agent signature re		2
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition Addition Addition Addition
TITLE	D SOUTH STEEL STEE	☐ DELETE	1,1 TMLE	•	Moranda Tiverson E
NAME	SCHUSTER, RICHARD D.		1.2 NAME	PO Box 19065	(8)
STREET ADDRESS	9715 ATLANTIC BLVD.		1.3 STREET ADDRESS	PO BOX 19065 JACKSONVILLE FL 32245	-9015
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	JACKSONVILLE FE SARTS	Change Addition
TITLE			22 NAME		
NAME		•	2.3 STREET ADDRESS		
STREET ADDRESS	_ ,		2.4 CITY-ST-ZIP	and the contract the same that	
CITY-ST-ZIP		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS	•		3.3 STREET ADORESS		İ
- CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TILE		
NAME			4.2 NAME		i
STREET ADDRESS			43 STREET ADDRESS		<u> </u>
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DEFELE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE			Charina Charanna
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		j
CITY-ST-ZIP	Í		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 jettue application of the temporal and that my signature shall have the same legal effect as if made under certify 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 or an attachment with an address, with all other like empowered.