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PROFIT\* CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Jan 26, 1999 8:00am **Secretary of State**

**FILED** 

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Corporation Name LAW OFFICE OF JAMES R. RICH P.A

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Principal Place of Business Mailing Address								
1645 PALM BEACH LAKES BLVD. 1645 PALM BEACH LAKES BLVD.								
SUITE 390 SUITE 390								
	WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401		DO NOT WRITE IN THIS SPACE					
US	US		3. Date Incorporated or Qualifed 08/19/1992					
	, A-1 h.	2a. Mailing Address			4. FEI Number		A	pplied For
2. Principal Pl	lace of Business	2a. Mailing Address			1 77			ot Applicable
21		26			65-0342015			
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	<u> </u>		Additional	
22		27			5. Comments of characters		Fee R	equired
City & State	9	City & State		6. Election Campaign Financing		\$5.00	May Be	
·		28		Trust Fund Contribution			to Fees	
23	0.54	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8. This corporation owes the cur	ront year Inta	ngible		
Zip	Country	<u> </u>		1	iein year iina	Yes	□No	
24	25	29	30		Personal Property Tax.			
•	9. Name and Address of Current				10. Name and Address of New	Registered A	agent	
	The state of the s		8	31 Name				
RICH	I, JAMES R.	·	-	20 00 00 00	(D.O. Bay Number in Net Accept	abla)		
	PALM BEACH LAKES BLVD	`+{* <sub>2</sub>	8	32 Street Ad	dress (P.O. Box Number is Not Accept			in manage professional
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			· .	, Jan		FL		: l
	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the abo	ove-named co	rporation submits this statement for the	purpose of o	changing its	s registered
office or n	paictored agent or both in the State C	st Florida. Silich change was at	itnorizea t	ov the corpora	ition's board of directors. I hereby acce	pt the appoin	tment as re	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statut	es.	•			
SIGNATURE		s						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature requ	ired when reinstating)	DATE		
	05510500 440							
12.	OFFICERS ANI	D DIRECTOR\$	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
12.	D 5	D DIRECTORS  DELETE	13.	E	ADDITIONS/CHANGES TO OF	FICERS AN	Change	
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CITY-ST-ZIP(注) 1. 是有 经基本证 14. 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