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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G70254**

1. Corporation Name
RICKY'S OIL SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7209 N.W. 66TH ST
 MIAMI FL 33166
 US

Mailing Address

6330 W 16TH AVE
 HIALEAH FL 33012
 US

3. Date Incorporated or Qualified

11/16/1983

2. Principal Place of Business

21 7209 N. W. 66th STREET

2a. Mailing Address

26 6330 WEST 16TH AVE.

4. FEI Number

59-2345576

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

MIAMI, FLA.

28 City & State

HIALEAH, FLA.

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip Country

33166 USA

29 Zip Country

33012 USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

RICCI, ANDREW
 6330 WEST 16 AVENUE
 HIALEAH FL 33012

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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	P	<input type="checkbox"/> DELETE
NAME	RICCI, DELLA	
STREET ADDRESS	6330 WEST 16TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 00000 33012	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICCI, CHRISTOPHER	
STREET ADDRESS	2017 NW 182ND AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICCI, STEVE	
STREET ADDRESS	4610 SW 133RD AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELLA RICCI
 SIGNATURE REQUIRED

4/28/99

(305) 822-2253

Date

Daytime Phone #

CR2E034 (1/198)