

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J99976** (9)

1. Corporation Name

RICOU PROPERTIES, INC.

95 APR 13 PM 2:50

Principal Place of Business

1800 SOUTH FEDERAL HWY
SUITE 200
FORT PIERCE FL 34950-5178

Mailing Address

RIVERSIDE BANK BLDG.
11600 S.FEDERAL HWY - #200
FORT PIERCE FL 34950-5178
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/02/1987	3a. Date of Last Report 03/22/1994
4. FEI Number 65-0141160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONANO, DOUGLAS E. RIVERSIDE NATIONAL BANK BLDG., SUITE 200 1600 SOUTH FEDERAL HIGHWAY FORT PIERCE FL 34950	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GONANO, DOUGLAS E.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONANO, DOUGLAS E.	12. NAME	
STREET ADDRESS	1600 S. FEDERAL HWY, #200	13. STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	14. CITY - ST - ZIP	
TITLE	VD HARRELL, DANIEL B.	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, DANIEL B.	22. NAME	
STREET ADDRESS	1600 S. FEDERAL HWY, #200	23. STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	24. CITY - ST - ZIP	
TITLE	ST RUSS, KAREN B.	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS, KAREN B.	32. NAME	
STREET ADDRESS	1600 S. FEDERAL HWY, #200	33. STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	34. CITY - ST - ZIP	
TITLE	D GYARMATHY, GARY, S	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYARMATHY, GARY, S	42. NAME	
STREET ADDRESS	1600 S FEDERAL HWY #200	43. STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	44. CITY - ST - ZIP	
TITLE	D PIOWATY, JAMES, W	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIOWATY, JAMES, W	52. NAME	
STREET ADDRESS	1600 S FEDERAL HWY #200	53. STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	54. CITY - ST - ZIP	
TITLE	D SIROIS, JAMES, P	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROIS, JAMES, P	62. NAME	
STREET ADDRESS	1600 S FEDERAL HWY #200	63. STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	64. CITY - ST - ZIP	

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 110.07(3)(k), 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 of this report or on an attachment with an address.

SIGNATURE: Douglas E. Gonano 4-095 407-464-7032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR