

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J99976** (9)

1. Corporation Name

**RICOU PROPERTIES, INC.**



Principal Place of Business

Mailing Address

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

RIVERSIDE BANK BLDG.  
11800 S.FEDERAL HWY - #200  
FORT PIERCE FL 34950-5178  
US

3. Date Incorporated or Qualified: **11/02/1987**  
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1979 NE. RICOU TERRACE**  
Suite, Apt #, etc.

26 **PINEAPPLE SQUARE SHOPPES**  
Suite, Apt #, etc.

22 City & State: **JENSEN BEACH, FL.**

27 **1979 NE RICOU TERRACE**  
City & State

23 Zip: **34957** Country: **MARTIN**

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City & State

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30 **MARTIN**

4. FEI Number: **65-0141160**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

GONANO, DOUGLAS E.  
RIVERSIDE NATIONAL BANK BLDG., SUITE 200  
1800 SOUTH FEDERAL HIGHWAY  
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: **GYARMATHY, GARY S.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1979 N.E. RICOU TERRACE**  
83  
84 City: **JENSEN BEACH FL** 85 Zip Code: **34957**

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]* **P.T.D. GARY S. GYARMATHY** Date: **6-20-96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	GONANO, DOUGLAS E.	1600 S. FEDERAL HWY, #200	FT. PIERCE FL	<input checked="" type="checkbox"/>
VD	HARRELL, DANIEL B.	1600 S. FEDERAL HWY, #200	FT. PIERCE FL	<input checked="" type="checkbox"/>
ST	RUSS, KAREN B.	1600 S. FEDERAL HWY, #200	FT. PIERCE FL	<input checked="" type="checkbox"/>
D	GYARMATHY, GARY, S	1600 S FEDERAL HWY #200	FT PIERCE FL	<input checked="" type="checkbox"/>
D	PIOWATY, JAMES, W	1600 S FEDERAL HWY #200	FT PIERCE FL	<input checked="" type="checkbox"/>
D	SIROIS, JAMES, P	1600 S FEDERAL HWY #200	FT PIERCE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
P.T.D.	GYARMATHY, GARY S.	4766 S.W. Bimini DR. S	PALM CITY, FL 34990	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.D.	GONANO, DOUGLAS E.	1600 S. FEDERAL HWY, #200	FT. PIERCE, FL 34950-5178	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.D.	HARRELL, DANIEL B.	1600 S. FEDERAL HWY, #200	FT. PIERCE FL 34950-5178	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	PIOWATY, JAMES W.	8005 S. INDIAN RIVER DR.	FT. PIERCE, FL 34982	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	SIRDIS, PATRICIA	1605 THUMB POINT	FT. PIERCE, FL 34949	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* **P.T.D. GARY S. GYARMATHY** Date: **6-20-96** Telephone: **407-225-6773**

CRE034 (3/96)