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**Feb 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **1979 N.E. RICON TERRACE SUITE 200 JENSEN BEACH FL 34957 US**
Mailing Address: **PINEAPPLE SQUARE SHOPPERS 1979 RICON TERRACE JENSEN BEACH FL 34957-4130 US**

3. Date Incorporated or Qualified: **11/02/1987**
3a. Date of Last Report: **06/24/1996**
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

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

9. Name and Address of Current Registered Agent
**GYARMATHY, GARY S
1979 N.E. RICON TERRACE
1600 SOUTH FEDERAL HIGHWAY
JENSEN BEACH FL 34957**

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 **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GYARMATHY, GARY S	
STREET ADDRESS	4786 S.W. BIMINI CIR S	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GONANO, DOUGLAS E	
STREET ADDRESS	1600 S FEDERAL HWY #200	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRELL, DANIEL B	
STREET ADDRESS	1600 S. FEDERAL HWY, #200	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIOWATY, JAMES W	
STREET ADDRESS	8005 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIROIS, PATRICIA	
STREET ADDRESS	1605 THUMB POINT	
CITY-ST-ZIP	FT PIERCE FL	
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 do 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.

SIGNATURE: *Gary S. Gyarmathy* **GARY S. GYARMATHY** (561) 225-6773
Date: _____

CR2E034 (9/96)