


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 1979 N.E. RICOU TERRACE	22. Mailing Address 1979 RICOU TERRACE
23. City & State JENSEN BEACH FLORIDA	24. City & State JENSEN BEACH, FL
25. Zip 34957	26. Zip 34957
27. Country US	28. Country US

3. Date Incorporated or Qualified 11/02/1987	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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GYARMATHY, GARY S
1979 N.E. RICON TERRACE
~~1800 SOUTH FEDERAL HIGHWAY~~
JENSEN BEACH FL 34957

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. RICON TERRACE
83. City JENSEN BEACH
84. State 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 *Gary S. Gyarmathy* **GARY S. GYARMATHY P.T.D.** DATE **1-6-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYARMATHY, GARY S	1.2 NAME
STREET ADDRESS	4786 S.W. BIMINI CIR S	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONANO, DOUGLAS E	2.2 NAME
STREET ADDRESS	1800 S FEDERAL HWY #200	2.3 STREET ADDRESS
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, DANIEL B	3.2 NAME
STREET ADDRESS	1800 S. FEDERAL HWY, #200	3.3 STREET ADDRESS
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIOWATY, JAMES W	4.2 NAME
STREET ADDRESS	8005 S INDIAN RIVER DR	4.3 STREET ADDRESS
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROIS, PATRICIA	5.2 NAME
STREET ADDRESS	1805 THUMB POINT	5.3 STREET ADDRESS
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE *Gary S. Gyarmathy* **GARY S. GYARMATHY P.T.D.** DATE **1-6-98**

CR2E034 (10/97)