

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000059936

1. Corporation Name
RICO'S RIBS, INC.



Principal Place of Business: 11145 ROYAL PALM BLVD. CORAL SPRINGS FL 33065
 Mailing Address: 11145 ROYAL PALM BLVD. CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1998

2. Principal Place of Business: 21 11148 Royal Palm Blvd
 2a. Mailing Address: 26 11148 Royal Palm Blvd

4. FEI Number: **65-0857680**
 Applied For: Not Applicable

22 Suite, Apt. #, etc.

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

23 City & State: Coral Springs, FL
 28 City & State: Coral Springs, FL

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

24 Zip: 33065
 25 Country
 29 Zip: 33065
 30 Country

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBINCHIK, HARVEY L
1776 N. PIINE ISLAND ROAD
SUITE 118
PLANTATION FL 33322

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PACKER, BARAKA	1.2 NAME	
STREET ADDRESS	11145 ROYAL PALM BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: Baraka Packer **REQUIRED** 7/12/99 954-927-0541
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

590839-90002-45
P98 000059436

Rico's Ribs, Inc.

11148 Royal Palm Blvd. Coral Springs, Florida Tel: (954) 227-0541

July 12, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

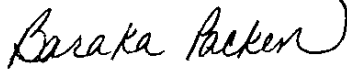
RE: Corporation Annual Report

To Whom It May Concern:

Apparently there has been an error in your files. Rico's Ribs, Inc. received the annual report on June 28, 1999 with 2nd Notice printed on the cover. However, this was the first notice the corporation received. After calling your office, the error was found to be that the address on file for Rico's Ribs, Inc. was incorrect. Your records have the address as 11145 Royal Palm Blvd., when the correct address is 11148 Royal Palm Blvd. Your office also instructed that a check in the amount of \$150.00 be sent along with this letter explaining why the corporation had not already filed.

Thank you for your attention in this matter. Should you have any additional questions or concerns, please do not hesitate to call.

Respectfully Submitted,



Baraka Packer
Director

/BP