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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90010 022 ***150.00

DOCUMENT # 593278 1. Corporation Name RICHARD R. RICCIANI, CPA, P.A. Principal Place of Business Mailing Address 6371-4 PRESIDENTIAL CT 6371-4 PRESIDENTIAL CT. FORT MYERS FL 33919 FORT MYERS FL 33919 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 11/14/1978 4. FEI Number 2. Principa Place of Business 2a. Mailing Address Applied For 59-1861792 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certifcate of Status Desired Fee Recuired 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This or rporation owes the current year Intangible Zip Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RICCIANI, RICHARD R. 82 Street Acdress (P.O. Box Number is Not Acceptable) 3606 S.E. 21ST AVE. CAPE CORAL, FL LP 33904 83 85 Zip Code 84 City 11. Pursuant to the provisions of Scittons 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 boin, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTh:: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE RICCIANI, RICHARD R. 1.2 NAME NAME 3606 S.W. 21ST AVE. 13 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE RICCIANI, LINDA 22 NAME NAME 3606 SE 21 AVÉ 2.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DFLETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition DELETE □ Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE ПΠЕ 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRE 3S

14. Thereb / 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 cartify 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 recuired 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

ISICHARD R. RICCIANI

4/1/99 Date

947-482-3535

CR2E034 (11/98)