

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

3-28-96 B-0817 NC
(9)

DOCUMENT # 649160

1. Corporation Name
RICHARD J. CHICHETTI, P.A.



Principal Place of Business: 1305 THOMASWOOD DR. TALLAHASSEE FL 32312
Mailing Address: 1305 THOMASWOOD DR. TALLAHASSEE FL 32312

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 12/21/1979
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-1960449 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: LAFACE, RONALD ESQ 101 E. COLLEGE AVE., P.O. DRAWER 1838 TALLAHASSEE FL 32302

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CHICHETTI, RICHARD J.	11 TITLE:	12 NAME:
STREET ADDRESS: 1305 THOMASWOOD DR.	CITY-ST-ZIP: TALLAHASSEE FL	13 STREET ADDRESS:	14 CITY-ST-ZIP:
TITLE:	NAME:	21 TITLE:	22 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	23 STREET ADDRESS:	24 CITY-ST-ZIP:
TITLE:	NAME:	31 TITLE:	32 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	33 STREET ADDRESS:	34 CITY-ST-ZIP:
TITLE:	NAME:	41 TITLE:	42 NAME:
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TITLE:	NAME:	51 TITLE:	52 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	53 STREET ADDRESS:	54 CITY-ST-ZIP:
TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	64 CITY-ST-ZIP:

Change Addtion

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)(b) 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 changes or additions are indicated.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 904-386-2400

CR2E034 (12/95)