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Feb 28 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 # 698830 (7)

1. Corporation Name:  
REFERRAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business  
7710 W. COMMERCIAL BLVD.  
FT LAUDERDALE FL 33319  
US

Mailing Address  
PO BOX 6800  
ATTN: E KLEMENTS  
CLEARWATER FL 34618-6800  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified  
08/13/1981

3a. Date of Last Report  
04/09/1996

4. FEI Number  
13-3084484

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

9. Name and Address of Current Registered Agent

MORRIS A LECOMPTE, ESQ  
100 SECOND AVENUE SOUTH  
CITY CENTER 12TH FLOOR  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name  
Jill Fisher Powers-Esquire  
82 Street Address (P.O. Box Number is Not Acceptable)  
19353 US 19 N.  
83 Suite 100  
84 City  
Clearwater FL 85 Zip Code  
34624

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 Jill Fisher Powers, Esquire

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME COPE, RICHARD W.  
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100  
CITY-ST-ZIP CLEARWATER FL

TITLE ATS ☐ DELETE  
NAME TOOKE, EDWIN C.  
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100  
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☐ DELETE  
NAME MUELLER, JAMES G.  
STREET ADDRESS 7100 W. COMMERCIAL BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE TAS ☐ DELETE  
NAME STICCO, LEWIS A  
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100  
CITY-ST-ZIP CLEARWATER FL

TITLE AV ☒ DELETE  
NAME STAS-HOPIN, JANET  
STREET ADDRESS 7100 W. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE 33 33319

TITLE D ☐ DELETE  
NAME TOOKE, EDWIN C  
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100  
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME AV  
5.3 STREET ADDRESS Martha C. Wells  
5.4 CITY-ST-ZIP 7100 W. Commercial Drive Blvd.  
Ft. Lauderdale, FL 33319

6.1 TITLE ☐ Change ☐ 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: Lewis A. Sticco L.A. Sticco 2/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 538-5468

CR2E034 (9/96)