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Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 6600
ATTN: E KLEMENTS
CLEARWATER FL 34616
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1981

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

33758

30

9. Name and Address of Current Registered Agent

FISHER POWERS, JILL E
19353 US 19 N.
SUITE 100
CLEARWATER FL 34624

33764

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE AV
NAME WELLS, MARTHA
STREET ADDRESS 7100 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33764

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33764

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33764

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33319

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33764

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 Lewis A. Stocco, James G. Mueller, Martha Wells, Edwin C. Tooke

CR2E034 (10/97)