

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G48151 (6)

1. Corporation Name
RIC-MAN INTERNATIONAL, INC.

Principal Place of Business 2601 NW 48TH STREET POMPANO BEACH FL 33073	Mailing Address 2601 NW 48TH STREET POMPANO BEACH FL 33073
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/11/1983	
4. FEI Number 59-2300398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANCINI, DAVID A
 2601 W. 48TH ST.
 POMPANO BCH. FL 33073**

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]* **David Mancini, President** 4/28/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	MANCINI, STEVEN M	
STREET ADDRESS	6850 NINETEEN MILE RD.	
CITY-ST-ZIP	STERLING HEIGHTS MI	
TITLE	S	
NAME	CASTILLO, RENE L.	
STREET ADDRESS	2601 NW 48 STREET	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	
NAME	MANCINI, EDWARD A.	
STREET ADDRESS	6850 NINETEEN MILE RD	
CITY-ST-ZIP	STERLING HGTS MI	
TITLE	DP	
NAME	MANCINI, DAVID A	
STREET ADDRESS	2601 NW 48TH STREET	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	TASD	
NAME	JANKOWSKI, LISA M.	
STREET ADDRESS	6850 NINETEEN MILE RODAD	
CITY-ST-ZIP	STERLING HEIGHTS MI	
TITLE	DVP	
NAME	MANCINI, DANIEL C	
STREET ADDRESS	2601 NW 48 ST	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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: *[Signature]* **David A. Mancini** 4/28/98 954-426-1042

CP2E034 (10/97)