

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90265 007 ***158.75

07/0081

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G48151

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/11/1983	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-2300398	
24 Zip		29 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANCINI, DAVID A 2601 W. 48TH ST. POMPANO BCH. FL 33073				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *David A. Mancini* **David A. Mancini, President** 4/22/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, STEVEN M	1.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING HEIGHTS MI	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, RENE L.	2.2 NAME	
STREET ADDRESS	2601 NW 48 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, EDWARD A.	3.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING HGTS MI	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DAVID A	4.2 NAME	
STREET ADDRESS	2601 NW 48TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	TASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKOWSKI, LISA M.	5.2 NAME	
STREET ADDRESS	6850 NINETEEN MILE RODAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STERLING HEIGHTS MI	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DANIEL C	6.2 NAME	
STREET ADDRESS	2601 NW 48 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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, with all other like empowered.

SIGNATURE: *David A. Mancini* **SIGNATURE REQUIRED** *David A. Mancini* 4/22/99 954-426-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)