

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # G80325 (5)**

1. Corporation Name

**RATICOFF DIAMOND COMPANY, INCORPORATED**



Principal Place of Business

**% JERALD RATICOFF  
3520 NORTH 28TH WAY  
HOLLYWOOD FL 33020**

Mailing Address

**% JERALD RATICOFF  
3520 NORTH 28TH WAY  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified <b>01/24/1984</b>	3a. Date of Last Report <b>01/26/1995</b>
4. FEI Number <b>59-2368000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**RATICOFF, JERALD  
3520 NORTH 28TH WAY  
HOLLYWOOD 33020**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent (New Agent Only - See Instructions)

DATE of Registered Agent Signature (Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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)(k), 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: Jerald Ratloff** **Jerald Ratloff** **1/26/96** **(954)923-6503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Register Phone #

CR2E034 (12/95)