

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 01/24/1984	3a. Date of Last Report 01/26/1995
4. FEI Number 59-2368000	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	2. STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE		3. CITY-ST-ZIP	
TITLE	NAME	4. TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5. STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE		6. CITY-ST-ZIP	
TITLE	NAME	7. TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	8. STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE		9. CITY-ST-ZIP	
TITLE	NAME	10. TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	11. STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE		12. CITY-ST-ZIP	
TITLE	NAME	13. TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	14. STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE		15. CITY-ST-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

CR2E034 (12/95)