

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K92319 (8)

1. Corporation Name  
RICKEL DEVELOPMENT CORP.

Principal Place of Business  
5701 N PINE ISLAND RD  
SUITE 390  
TAMARAC FL 33321  
US

Mailing Address  
5701 N PINE ISLAND RD  
SUITE 390  
TAMARAC FL 33321-4400  
US



3. Date Incorporated or Qualified 05/30/1989  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

4. FEI Number 65-0128304  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICKEL, ROBERT S  
1140 NORTHWEST 101 AVE.  
PLANTATION FL 33322

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | DST <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RICKEL, MORRIS                      | 12 NAME   |   |
| STREET ADDRESS             | 5701 N PINE ISLAND RD SUITE 390     | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | TAMARAC FL                          | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | DP <input type="checkbox"/> DELETE  | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RICKEL, ROBERT S.                   | 22 NAME   |   |
| STREET ADDRESS             | 5701 N PINE ISLAND RD SUITE 390     | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | TAMARAC FL                          | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 32 NAME   |   |
| STREET ADDRESS             |                                     | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                     | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 42 NAME   |   |
| STREET ADDRESS             |                                     | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                     | 44 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 52 NAME   |   |
| STREET ADDRESS             |                                     | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                     | 54 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 62 NAME   |   |
| STREET ADDRESS             |                                     | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                     | 64 CITY - ST - ZIP                                    |   |

14. I do 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: \_\_\_\_\_ DATE: 4/6/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954-726-3811  
Daytime Phone #

CR2E034 (9/96)