

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$875)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:50

DOCUMENT # M96296

(2)

1. Corporation Name

RICKY ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

C/O DONALD MYMAN
6901 EDGEWATER DRIVE
CORAL GABLES FL 33130

C/O DONALD MYMAN
6901 EDGEWATER DRIVE
CORAL GABLES FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/29/1988

08/23/1994

4. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election (Language Preference)

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for nonpayment of tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSKOWITZ, MICHAEL W.
800 CORPORATE DRIVE
SUITE 510
FT. LAUDERDALE FL 33334

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 (typed or printed name of registered agent and the filer, if applicable)

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO 1994 FILING (SEE INSTRUCTIONS, PAGE 12)

TITLE

D

NAME

MYMAN, ERIC S.

STREET ADDRESS

10422 NW 45TH MANOR

CITY, ST, ZIP

CORAL SPRINGS FL

1.1 TITLE

D

NAME

MYMAN, DONALD

STREET ADDRESS

6901 EDGEWATER DR

CITY, ST, ZIP

CORAL GABLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature (typed or printed name)

CR2E034 (3/95)