

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P33463** (1)

1. Corporation Name
RICCHETTI CERAMIC, INC.



Principal Place of Business: **200 S HARBOR CITY BLVD SUITE 403 MELBOURNE FL 32901**
Mailing Address: **200 S HARBOR CITY BLVD SUITE 403 MELBOURNE FL 32901**

3. Date Incorporated or Qualified: **04/08/1991**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **22-3052943**
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

2. Principal Place of Business: **200 S HARBOR CITY BLVD SUITE 403 MELBOURNE FL 32901**
2a. Mailing Address: **200 S HARBOR CITY BLVD SUITE 403 MELBOURNE FL 32901**

9. Name and Address of Current Registered Agent: **SCHERMERMORN, GARY 3125 W NEW HAVEN AVE SUITE 200 WEST MELBOURNE FL 32904**
10. Name and Address of New Registered Agent: **FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: DPS	NAME: JOHNSON, WILLIAM E	11 TITLE: <input type="checkbox"/> DELETE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 S. HARBOR CITY, #403	CITY, ST, ZIP: MELBOURNE FL	12 NAME: VT	12 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VT	NAME: PIERCE, JEFFREY J	13 STREET ADDRESS: 200 S. Harbor City Blvd. #403	13 STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 200 S. HARBOR CITY, #403	CITY, ST, ZIP: MELBOURNE FL	14 CITY, ST, ZIP: Melbourne, FL	14 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C	NAME: ARLETTI, RENZO	15 CITY, ST, ZIP: <input type="checkbox"/> DELETE	15 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 S. HARBOR CITY, #403	CITY, ST, ZIP: MELBOURNE FL	16 NAME: D	16 NAME: <input type="checkbox"/> DELETE
TITLE: D	NAME: BROGI, NEDO	17 CITY, ST, ZIP: <input type="checkbox"/> DELETE	17 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 S. HARBOR CITY, #403	CITY, ST, ZIP: MELBOURNE FL	18 CITY, ST, ZIP: <input type="checkbox"/> DELETE	18 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	19 CITY, ST, ZIP: <input type="checkbox"/> DELETE	19 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	20 CITY, ST, ZIP: <input type="checkbox"/> DELETE	20 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 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 appointed 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 as an attachment with the address.

SIGNATURE: *[Signature]* 2-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/96)