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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33463

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RICCHE	TTI CERAMIC, INC.								
Principal Plac	e of Business	Mailing Address	Mailing Address				APPI DETEN GIBLI DA	IFF WINDER WYDER BOURD	
KOO 6 HARBOR Suite 403 Melbourne f		200 8 HARBOR CITY BLVD SUITE 409 MELBOURNE FL 32901-1389							
						 Date Incorporated or Qualified 04/08/1991 	3a. Date of 02/15/19	Last Report	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	1	Applied For	
1		26				22-3052943		Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	T .	3.75 Additional Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing	\$	5.00 May Be	
3		28				Trust Fund Contribution		Added to Fees	
Zip Country		Ζφ 29	├ - ¬ ' ├- ¬			8. This corporation has liability for intendible tax under s. 199.032, Florida Statutes □ Ves □ No			
4 25 29 30 9. Name and Address of Current Registered Agent				'1		10. Name and Address of New Registered Agent			
SCHERMERMORN, GARY 3125 W NEW HAVEN AVE SUITE 200				81 82	Name Street Add	ress (P.O. Box Number is Not Acceptable)			
WEST MELBOURNE FL 32904				83			<u></u>	1	
				84	City		FL 85	Zip Code	
office or i	to the provisions of Sections 607.00 registored agent or both, in the Sta am familiar with, and accept the obli	te of Florida. Such chanc	de was authorize	ed by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of char it the appointm	iging its registered lent as registered	
SIGNATURE.	Signature, typical or publied having of registered a	gerr and title if applicable	(NOTE Register	eo Age	ni signature requi	red when reinstating)	DATE		:
12.	OFFICERS A	FFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 12	Ŕ
TITLE	DPS DELETE		.ETE 1.11	1.1 TITLE			C	Change Addition	(96/6)
NAME JOHNSON, WILLIAM E			1.27	1.2 NAME				i	Ħ
STREET ADDRESS 200 S. HARBOR CITY, #403				1.3 STREET ADDRESS			•		E034

12. DPS TiTLE JOHNSON, WILL NAME 200 S. HARBOR STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 14 CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE MOEN, JEFFREY C NAME 2.2 NAME 200 SOUTH HARBOR CITY BLVD. # 403 2.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL CI*Y - ST - 7/P 2. 4 CITY - ST - ZIP DELETE ☐ Addition Change TITLE 3.1 TITLE ARLETTI, RENZO NAME 200 S. HARBOR CITY, #403 STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL 3.4. CITY - ST - ZIP CITY-ST-ZiP DELETE Change Addition TITLE 4.1 TITLE Brogi, Nedo NAME 4. 2 NAME 200 S. HARBOR CITY, #403 STREET ADDRESS 4.3 STREET ADDRESS MELBOURNE FL 4.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 City-ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ACCRESS 6.4 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 applemental 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 of the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 with an address

SIGNATURE:

FILED

Jan 27 1997 8:00am

Secretary of State