

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:39

DOCUMENT # P33872 (3)

1. Corporation Name

RICKEL & ASSOCIATES, INC.

Principal Place of Business

13400 CLEVELAND AVE.
FORT MYERS FL 33907

Mailing Address

13400 CLEVELAND AVE.
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/08/1991

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

22-2104390

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

MCWILLIAMS, EDWARD
13400 CLEVELAND AVE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81. Name

N/A.

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME RICKEL, KENNETH D.
STREET ADDRESS 139 HIGH OAKS ROAD
CITY - ST - ZIP WARREN NJ

TITLE VC
NAME SABO, JOHN C.
STREET ADDRESS 124 HOBART AVE
CITY - ST - ZIP SUMMIT NJ

TITLE DV
NAME COHEN, ARNOLD
STREET ADDRESS 120 NOTTINGHAM DR
CITY - ST - ZIP WATCHUNG NJ

TITLE D
NAME NADLER, STEVEN
STREET ADDRESS 805 BAILEY ROAD
CITY - ST - ZIP RIVERVALE NJ

TITLE ST
NAME SABO, JOHN C.
STREET ADDRESS 124 HOBART AVE
CITY - ST - ZIP SUMMIT NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

N/A

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

N/A

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

N/A

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

N/A

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

N/A

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 endorsement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95

(201) 379-0300