FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 06 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 05/08/1991
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	RICKEL, KENNETH D.	
STREET ADDRESS	139 HIGH OAKS ROAD	
CITY-ST-ZIP	WARREN NJ	
TITLE	VC	☐ DELETE
NAME	SABO, JOHN C.	
STREET ADDRESS	124 HOBART AVE	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	DV	☐ DELETE
NAME	COHEN, ARNOLD	
STREET ADDRESS	120 NOTTINGHAM DR	
CITY-ST-ZIP	WATCHUNG NJ	
TITLE	D	☐ DELETE
NAME	NADLER, STEVEN	
STREET ADDRESS	805 BAILEY ROAD	
CITY-ST-ZIP	RIVERVALE NJ	
TITLE	ST	☐ DELETE
NAME	SABO, JOHN C.	
STREET ADDRESS	124 HOBART AVE	
CITY-ST-ZIP	SUMMIT NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 attachment with an address.

SIGNATURE: X ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 Date

212-339-9800 Daytime Phone #

CR2E034 (12/95)