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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	111110)0010369 (6)			
THE RI	CKMAN GROUP, INC.			E ARBITARRA TAN TANDA KARIT RADIA RADIA RADIA RADIA RADIA	MAN ANNO MUNA DUKA KAN MON
Principal Plac		Mailing Address		e completed the contra seal office mutit botte dated t); p. , 44.40 (1) (0) (1) (1) (1) (1) (1)
10176 SW 18		10176 SW 18TH ST			
DAVIE FL 333 US	K4	DAVIE FL 33324 US		DO NOT WRITE IN THI	IS SPACE
		••		3. Date Incorporated or Qualified	
				12/09/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·	26		65-0373211	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Country	8. This corporation owes or has paid the o	current year Intangible X Yes No
24	g. Name and Address of Curr	29 29 20 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	
FIG	BUEROA, C.P.A., MANNY		81 Name	FIGUEROA.C.P.A.	
	ALCAZAR AVE.			Iress (P.O. Box Number is Not Acceptable)	
#220				LHAMBRA CIRCLE	
CO	RAL GABLES FL 33134-4318		83		
			84 City		85 Zip Code
				GABLES F	L 33134-500
11. Pursuant office or r	to the provisions of Sactions 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu de of Florida. Such change was	ites, the above-named cor authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ippointment as registered
agent. I a	im familiar with, and accept the ob-	ligations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or pointed name of registered	agent and title if applicable (NO	TE: Registered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICKMAN, GERALD S		1.2 NAME		
STREET ADDRESS	10176 SW 18TH ST.		1.3 STREET ADORESS		
CITY-ST-ZIP	DAVIE FL 33324	- I oruste	1.4 CITY-ST-ZIP		
TITLE	D RICKMAN, SHERIL				Channel
NAME STREET ADDRESS	INCINACII, OFICIAL	L.] DELETE	2.1 TITLE		☐ Change ☐ Addition
SINCE AUUNESS I	10178 SW 18TH ST	E-1 DECEIE	2.2 NAME		Change Addition
·	10176 SW 18TH ST	[] DECEIE	2.2 NAME 2.3 STREET ADDRESS		Change Addition
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·			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY+ST-ZIP TITLE			2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE		
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14. I 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 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 this carry ration or the receiver or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 tichanged, or on an attaching the with an addition.

のでは、「一個社会をはないのでは、これは特殊をはないのでは、これではないでは、「一個ないでは、「一個ないでは、」というでは、「一個ないでは、「」」」

(305) 446-1120

FILED

Apr 08 1998 8:00am

Secretary of State