

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**CORPORATION
 ANNUAL REPORT
 1994**



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
 AND
 FILED**

95 MAY -1 AM 2:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # P93000029822 (2)

1. Corporation Name
RICTANKEE, INC.

Mailing Address
**502 NW 83RD STREET
 MIAMI FL 33150**

Principal Place of Business
**502 NW 83RD STREET
 MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1993** 3a. Date of Last Report

4. FEI Number
65-0412042

Applied For
 Not Applicable

2. Mailing Address
 21 Suite, Apt #, etc.

2a. Principal Place of Business
 26 Suite, Apt #, etc.

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

23 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$5.00 May Be Added to Fees

24 Zip Country

25

28 Zip Country

29 30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HARRIS RICKY F
 502 NW 83RD STREET
 MIAMI FL 33150**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (60711) Registered Agent signature required when re-registering. (60711)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------|
| 11 TITLE | D |
| 12 NAME | HARRIS RICKY F |
| 13 STREET ADDRESS | 502 NW 83RD STREET |
| 14 CITY - ST - ZIP | MIAMI FL 33150 |
| 21 TITLE | D |
| 22 NAME | HARRIS TANGELA R |
| 23 STREET ADDRESS | 502 NW 83RD STREET |
| 24 CITY - ST - ZIP | MIAMI FL 33150 |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

| 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

REMITTED BY GRAY 1

CH

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 110.07(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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Ricky Starnes*

4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Day/Year) (Print or Type Name)