

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070735 (3)

1. Corporation Name

RETAIL INVESTMENT CORP, INC.



Principal Place of Business

C/O 215 S. OLIVE AVENUE
WEST PALM BEACH FL 33401-5686

Mailing Address

C/O 215 S. OLIVE AVENUE
WEST PALM BEACH FL 33401-5686

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0530024

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

24

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name First Federal of the Palm Beaches

82 Street Address (P.O. Box Number is Not Acceptable)

83 215 South Olive Avenue

84 City West Palm Beach

FL

85 Zip Code
33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

John C. Trammel

(NOTE: Registered Agent Signature required when applicable)

2-28-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME DAVIS, LOUIS O JR.
STREET ADDRESS 127 THORNTON DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME GROTON, RITA K
STREET ADDRESS 7894 BLAIRWOOD CIR. SOUTH
CITY-ST-ZIP LAKE WORTH FL 33467-1808

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME RUDY, JOHN
STREET ADDRESS 1975 PARKSIDE CIR. SOUTH
CITY-ST-ZIP LAKE WORTH FL 33467-1808

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME GUEMPLE, R. RANDY
STREET ADDRESS 1559 GRANTHAM DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33414

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME TRAMMEL, JOHN C
STREET ADDRESS 9404 LONGMEADOW CIR
CITY-ST-ZIP BOYNTON BEACH FL 33436

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 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, trustee, or person 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:

John C. Trammel

John C. Trammel - Secretary

1/24/96 407/650-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)