

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

DOCUMENT # **P95000073562 (7)**

1. Corporation Name
RICAR, INC.



Principal Place of Business

**1700 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS FL 33071**

Mailing Address

**1700 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1515 UNIVERSITY DR.**

26 **1515 UNIVERSITY DR.**

4. FE# Number

APPLIED FOR

Applied For

Not Applicable

22 **SUITE 107A**

27 **SUITE 107A**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 **CORAL SPRINGS, FL**

28 **CORAL SPRINGS, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 **33071**

25 **USA**

29 **33071**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUPFER, PAUL H
1700 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS FL 33071**

81 Name

LEIGH A. HENDLER CPA

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

1515 UNIVERSITY DRIVE

83

SUITE 107A

84 City

CORAL SPRINGS FL

85 Zip Code

33071

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

Leigh A. Hendler CPA
Signature, typed, printed name of registered agent and title if applicable

LEIGH A. HENDLER
(NOTE: Registered Agent signature required when reinstating)

4/2/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PEREZ, DOLORES E**
STREET ADDRESS **1700 UNIVERSITY DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ DELETE
NAME **PEREZ, RICARDO J**
STREET ADDRESS **1700 UNIVERSITY DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ DELETE
NAME **CLEMENTE, CAROLA E**
STREET ADDRESS **1700 UNIVERSITY DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ DELETE
NAME **PEREZ, RICARDO M**
STREET ADDRESS **1700 UNIVERSITY DR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 27-96

CR2E034 (12/95)