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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000026843 (8)

1. Corporation Name
RICKIN, INC. OF TAMPA BAY

Principal Place of Business

1291 FIDDLER AVE.
MERRITT ISLAND FL 32952

Mailing Address

1291 FIDDLER AVE.
MERRITT ISLAND FL 32952-5736



3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 11369 US HWY 301
Suite, Apt. #, etc.

2a. Mailing Address

26 11369 US HWY 301
Suite, Apt. #, etc.

4. FEI Number

595369963

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

AMIN, DILIP
1291 FIDDLER AVE.
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name Nagimbhai P Amin
82 Street Address (P.O. Box Number is Not Acceptable)
11369 US HWY 301
83
84 City Thonotosassa FL 85 Zip Code 33592

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 607.0503, Florida Statutes.

SIGNATURE *Devang Amin*
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	AMIN, DILIP	
STREET ADDRESS	1291 FIDDLER AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	PRESIDENT	Change	Addition
12 NAME	Amin, Nagimbhai		
13 STREET ADDRESS	11369 US HWY 301		
14 CITY-ST-ZIP	Thonotosassa, FL 33592		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Secretary	Change	Addition
3.2 NAME	DEVANG AMIN		
3.3 STREET ADDRESS	9534 Fieldview Circle		
3.4 CITY-ST-ZIP	Thonotosassa, FL 33592		
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 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 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: *Devang Amin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 986 2260

Date

Day/Mo/Yr

CR2E034 (9/96)