

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 03 1997 8:00am  
Secretary of State

DOCUMENT # **P96000066896 (7)**

1. Corporation Name  
**RICKBAR, INC.**



Principal Place of Business  
**4200 N. PINE ISLAND ROAD, APT. 315  
SUNRISE FL 33351**

Mailing Address  
**4200 N. PINE ISLAND ROAD, APT. 315  
SUNRISE FL 33351-6043**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/12/1996</b>		3a. Date of Last Report	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0693732</b>		Applied For Not Applicable	
2 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
3 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BROWN, LAWRENCE O  
4200 N. PINE ISLAND ROAD, APT. 315  
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name **YVONNE J. INGRAM**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4200 N. Pine Island Road, Apt. 315**  
83  
84 City **Sunrise** **FL** 85 Zip **33351**

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 *Yvonne Ingram*  
Typed or printed name of registered agent and title if applicable

**YVONNE J. INGRAM**

**3/28/97**  
DATE

12. OFFICERS AND DIRECTORS

1. TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13.

1.1 TITLE		PRESIDENT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME		<b>YVONNE J. INGRAM</b>			
1.3 STREET ADDRESS		<b>4200 N. Pine Island Road, Apt. 315</b>			
1.4 CITY - ST - ZIP		<b>Sunrise, FL 33351</b>			
2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

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: *Yvonne Ingram* **YVONNE J. INGRAM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/97** **954 7499841**  
DATE DAYTIME PHONE #

0292496

CR2E034 (9/96)