


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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # S75673 (1)											
1. Corporation Name RICCI TRUST, INC.											
Principal Place of Business P.O. BOX 2166 HOBE SOUND FL 33475 US			Mailing Address P.O. BOX 2166 HOBE SOUND FL 33475 US								
2. Principal Place of Business 21 137 Intracoastal Circle Suite, Apt. #, etc. 22 City & State 23 Tequesta, Florida Zip 24 33469 Country 25 USA						2a. Mailing Address 26 137 Intracoastal Circle Suite, Apt. #, etc. 27 City & State 28 Tequesta, Florida Zip 29 33469 Country 30 USA					
3. Date Incorporated or Qualified 08/26/1991						4. FEI Number 65-0278620 Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
9. Name and Address of Current Registered Agent DUNGEY, RICHARD J. 1100 S. FEDERAL HIGHWAY STUART FL 34994						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, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY - ST - ZIP DP RICCI, DONALD J. 5926 RIVER BOAT DR. STUART FL 34997						1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Change Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Change Addition					

14. I 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:

SIGNATURE REQUIRED

2/2/98 561-627-4744

CR2E034 (10/97)