

05041999-90011-044-\$150.00-\$150.00

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000000978

1. Corporation Name: RPS MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address

90 MAY 21 11 08:33

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2-28-94
4. FEI Number 33-0601404
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax

2. Principal Place of Business 2a. Mailing Address
21 818 W. BROOKS AVENUE 26 818 W. BROOKS AVENUE
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 NORTH LAS VEGAS, NV 29 NORTH LAS VEGAS, NV
25 Zip Country 30 Zip Country
24 89030 25 USA 29 89030 30 USA

9. Name and Address of Current Registered Agent
NEIL SCHAEFFER
27121 EDENBRIDGE COURT
BONITA SPRINGS, FL 34135
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, or 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, with all other like empowered.

SIGNATURE: Patricia M. Green PATRICIA M. GREEN, SECRETARY 4-16-99 760-839-7991

CR2E034 (11/98)