


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 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 # F95000000339 (0)

1. Corporation Name
RMIC CORPORATION



Principal Place of Business: 4964 UNIVERSITY PARKWAY WINSTON-SALEM NC 27106

Mailing Address: 4964 UNIVERSITY PARKWAY WINSTON-SALEM NC 27106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 190 Oak Plaza Blvd.
 Suite, Apt. #, etc.
 22 City & State
 23 Winston-Salem NC
 Zip Country
 24 27105 25 USA

2a. Mailing Address
 26 190 Oak Plaza Blvd.
 Suite, Apt. #, etc.
 27 City & State
 28 Winston-Salem, NC
 Zip Country
 29 27105 30 USA

3. Date Incorporated or Qualified
 01/23/1995

4. FEI Number
 36-3048119 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 WILLIAMS, GREG
 4515 GEORGE ROAD, SUITE 355
 TAMPA FL 33634

10. Name and Address of New Registered Agent
 81 Name CT Corporation System
 82 Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road
 83
 84 City Plantation FL 85 Zip Code 33324

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]* Assistant Secretary DATE: 9/10/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM G JR.	
STREET ADDRESS	RT. 4131 WEDGE DRIVE	
CITY-ST-ZIP	PFAFFTOWN NC 27040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEW, JIMMY	
STREET ADDRESS	BOX 827, BERMUDA RUN	
CITY-ST-ZIP	ADVANCE NC 27006	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUCARO, AL	
STREET ADDRESS	126 NANTUCKET LANE	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMPSON, WILLIAM	
STREET ADDRESS	4964 UNIVERSITY PARKWAY	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PASTERNAK, JOEL H	
STREET ADDRESS	4964 UNIVERSITY PKWY.	
CITY-ST-ZIP	WINSOTN-SALEM NC 27106	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIXON, BETH	
STREET ADDRESS	4964 UNIVERSITY PKWY.	
CITY-ST-ZIP	WINSOTN-SALEM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	190 Oak Plaza Blvd.
4.4 CITY-ST-ZIP	Winston-Salem, NC 27105
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	190 Oak Plaza Blvd.
5.4 CITY-ST-ZIP	Winston-Salem, NC 27105
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	190 Oak Plaza Blvd.
6.4 CITY-ST-ZIP	Winston-Salem, NC 27105

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]* 9/15/98 (132) 661-4229

CR2E034 (5/98)