

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

FILED
Jan 28, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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01-28-1999 90029 030 ****150.00

DOCUMENT # F95000000339

1. Corporation Name
RMIC CORPORATION



Principal Place of Business 190 OAK PLAZA BLVD. WINSTON-SALEM NC 27105 US	Mailing Address 190 OAK PLAZA BLVD. WINSTON-SALEM NC 27105 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1995	
21		26		4. FEI Number 36-3048119	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, WILLIAM G JR.		1.2 NAME		
STREET ADDRESS	RT. 4131 WEDGE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PFAMTOWN NC 27040		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEW, JIMMY		2.2 NAME		
STREET ADDRESS	BOX 827, BERMUDA RUN		2.3 STREET ADDRESS		
CITY-ST-ZIP	ADVANCE NC 27006		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUCARO, AL		3.2 NAME		
STREET ADDRESS	126 NANTUCKET LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL		3.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, WILLIAM		4.2 NAME		
STREET ADDRESS	190 OAK PLAZA BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC 27105		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASTERNAK, JOEL H		5.2 NAME		
STREET ADDRESS	190 OAK PLAZA BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINSOTN-SALEM NC 27105		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, BETH		6.2 NAME		
STREET ADDRESS	190 OAK PLAZA BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINSOTN-SALEM NC 27105		6.4 CITY-ST-ZIP		

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: *Joel H. Pasternak* **REQUIRED** 1/5/99 (336) 661-0015
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)