FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

H37505

(5)

R.G.M.R., INC.

1. Corporation Name

Principal	Place	of	Business

Mailing Address



1217 SUNSET STRIP SUNRISE FL 33313-6109		1217 SUNSET STRIP SUNRISE FL 33313-6109			
				Date incorporated or Qualified 01/10/1985	3a. Date of Last Report 05/23/1995
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		59-2482873	Not Applicable
Suite. Apt. #	, etc	Suitc, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·
24	25	29	30		□ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered Agent
			81 Nan	ю	
Durbin i	ronald lee		82 Stre	et Address (P.O. Box Number is Not Acceptab	No.
1217 SUI	NSET STRIP		5 3 6	er nadress (. v. eur raumber er naut nobelität	~~!
SUNRISE	FL 33314		83		
			84 City		os Zo Codo
6			'	corporation submits this statement for the pur	FL 85 Zip Code
SIGNATURE	Signature typed or printed name of regiscer, it agen OFFICERS AN	tanditrinaciones (h ID DIRECTORS	FITE Registered Agent signal.	renounct when reins alog: ADD/TIONS/CHANGES TO OFF	DATE
TITLE	P	☐ DELETE	1 1 TIT: F		Change Addition
NAME	DURBIN, RONALD LEE		1.2 NAME		_ , _
STREET ADDRESS	1217 SUNSET STRIP		1.3 STREET ADDRES	s	
CITY-ST-ZIF	SUNRISE FL		1.4 CHTV - ST - ZIP		
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NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRES	s	
CITY - ST - ZIP			24 City - St - Z.P		
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STREET ADDRESS			3.3 STREET ADDRES	55	
CITY - ST - ZIP		DELETE	3.4 C/TY - ST - Z/P		☐ Change ☐ Addition
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CITY-ST-ZIP			4.4 CITY - ST- ZIP	~ <u> </u>	
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CITY-ST-ZIP			5 4 CITY - ST - ZIP	***200.00	~:
TITLE		DELETE	6 1 TITL€		Change Assaulan
NAME			6.2 NAME		

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bicck 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 583

3 - 79 2 9 Day ine Priore #