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

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)RPM REALTY SERVICES, INC. Principal Place of Business Mailing Address 220 EAST MADISON STREET 220 EAST MADISON STREET SUITE 600 SUITE 600 DO NOT WRITE IN THIS SPACE TAMPA FL 33602 TAMPA FL 33602 3. Date Incorporated or Qualified 06/07/1990 2. Principal Place of Business 2a. Mailing Address Applied For 1745 W. FLETCHER AV. 1745 W. FLETCHER 59-3015989 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State
7 Am PA City & State \$5.00 May Be 8. Election Campaign Financing TAMPA  $\Box$ 28 Trust Fund Contribution Added to Fees 33612 Country Country 8. This corporation owes or has paid the current year Intangible USA USA 3361V 25 29 Personal Property Tax due June 30. □ No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent B1 Name GOLDSTEIN, DAVID 4904 LONDONBERRY DR 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33647** 83 84 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 Forida Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar fully, and accept the objection 607 0505, Florida Statutes.

SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change NAME GOLSTEIN, DAVID 1.2 NAME CR2E034 4904 LONDON BERRY DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 1.4 City - ST - ZIP TITLE DELETE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE Change Addition 61 TITLE NAME 6 2 NAME STREET ADDRESS 63 STREET ADDRESS

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 agrual 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 recording to 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 attantion to the corporation of the recording 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 attantion to the corporation of the recording 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 attantion of the recording trustees.

SIGNATURE:

**FILED**