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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 MAR 19 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 676572 (1)

1. Corporation Name
R + M MANAGEMENT, INC.

Principal Place of Business
2875 N.E. 191st ST #702-A
AVENTURA, FL 33180

Mailing Address c/o DAVID ROZEN
2875 N.E. 191st ST
SUITE #702-A
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/16/1980

4. FEI Number: 65-0031532 [ ] Applied For [ ] Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**
DAVID L. ROZEN
2875 N.E. 191st ST #702-A
AVENTURA, FL 33180

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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 — DATE

12. OFFICERS AND DIRECTORS		[ ] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	DAVID L. ROZEN		12 NAME	
STREET ADDRESS	2875 N.E. 191st ST #702-A		13 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180		14 CITY-ST-ZIP	
TITLE	VDS	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	Sheldon B. Miller		22 NAME	
STREET ADDRESS	2875 N.E. 191st ST #702-A		23 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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14. I hereby certify that the information supplied with this filing [illegible] Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report [illegible] 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: Sheldon B. Miller 3/15/99 (305)935-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR