

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 849394 (2)  
1. Corporation Name  
RBMU INTERNATIONAL, USA COUNCIL INCORPORATED

Principal Place of Business

Mailing Address

1431 STUCKERT ROAD  
WARRINGTON PA 18976  
US

1431 STUCKERT ROAD  
WARRINGTON PA 18976  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

HENRY, ROLAND  
2001 N OCEAN BLVD  
LA FONTANA 602  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

06/10/1981

4. FEI Number

23-1501214

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

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME HARDISON, RICHARD  
STREET ADDRESS 7120 GRANBY STREET  
CITY-ST-ZIP NORFOLK VA 23505

☐ DELETE

TITLE D  
NAME ACKER, RONALD  
STREET ADDRESS 2967 MADISON AVENUE  
CITY-ST-ZIP ROSLYN PA

☐ DELETE

TITLE PD  
NAME REIMER, CLARENCE  
STREET ADDRESS 11920 MATTHEWS COURT  
CITY-ST-ZIP FAIRFAX VA 22033-4641

☐ DELETE

TITLE VD  
NAME CAIN, CURTIS  
STREET ADDRESS 1455 YORKTOWN DRIVE  
CITY-ST-ZIP LAWRENCEVILLE GA 30243

☐ DELETE

TITLE D  
NAME LEATHEAD, DALE  
STREET ADDRESS 54 WOODBINE COURT  
CITY-ST-ZIP HORSHAM PA 19044-1061

☐ DELETE

TITLE MD  
NAME MILLER, STEVE  
STREET ADDRESS 119 PROVIDENCE AVE.  
CITY-ST-ZIP DOYLESTOWN PA 18901

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Leonard Komaluk

Date

Daytime Phone #

FILED  
Sep 03 1998 8:00am  
Secretary of State



CR2E037 (5/98)