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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000001453 (0)

1. Corporation Name

RETIREMENT MANAGEMENT OF FLORIDA, INC.

Principal Place of Business

6000 LAKE FORREST DRIVE, SUITE 107
STE 550
ATLANTA GA 30328
US

Mailing Address

6000 LAKE FORREST DRIVE, SUITE 107
STE 550
ATLANTA GA 30328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1993

3a. Date of Last Report

06/02/1994

2. Principal Place of Business

21 3701 W. McNab Road

2a. Mailing Address

26 6000 Lake Forrest Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Beach FL

City & State

27 Suite 550
28 Atlanta GA

Country

24 33069

Country

25 USA

Country

29 30328

Country

30 USA

4. FEI Number

58-2032884

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. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Registered Agent Signature Required when Applicable)

(Date)

12. OFFICERS AND DIRECTORS

11 TITLE PCD
12 NAME ALEXANDER, BRUCE
13 STREET ADDRESS 6000 LAKE FOREST DR STE 550
14 CITY, ST, ZIP ATLANTA GA

21 TITLE VD
22 NAME ANDREWS, J J
23 STREET ADDRESS 6000 LAKE FOREST DR STE 550
24 CITY, ST, ZIP ATLANTA GA

31 TITLE SD
32 NAME EMRICK, KERRY S
33 STREET ADDRESS 6000 LAKE FOREST DR STE 550
34 CITY, ST, ZIP ATLANTA GA

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 (404) 303-1120
Date Signature