

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000002731 (7)**

1. Corporation Name

RFM GROUP, INC.



Principal Place of Business

**% H. CHARLES KESSLER, III
ACCIPITER CORPORATION, 791 WYE RD
AKRON OH 44333**

Mailing Address

**% H. CHARLES KESSLER, III
ACCIPITER CORPORATION, 791 WYE RD
AKRON OH 44333**

2. Principal Place of Business

21 State, Apt., #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt., #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

02/20/1995

4. FEI Number

34-1766329

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**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

**PD
MEYERSON, ROBERT F
16488 CAPTIVA RD
CAPTIVA ISLAND FL**

☐ DELETE

2. TITLE

**VT
MURPHY, ELIZABETH
791 WYE RD
AKRON OH**

☐ DELETE

3. TITLE

**S
KESLER, H. CHARLES III
791 WYE RD
AKRON OH**

☐ DELETE

4. TITLE

5. TITLE

6. TITLE

7. TITLE

8. TITLE

9. TITLE

10. TITLE

11. TITLE

12. TITLE

13. TITLE

14. TITLE

15. TITLE

16. TITLE

17. TITLE

18. TITLE

19. TITLE

20. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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 oath. 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 in an attachment with an address.

SIGNATURE:

SECRETARY

5/1/96

(316) 666-6380

CR2E034 (12/95)