

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

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Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000339 (0)**

1. Corporation Name  
**RMIC CORPORATION**

Principal Place of Business  
**4964 UNIVERSITY PARKWAY  
WINSTON-SALEM NC 27106**

Mailing Address  
**4964 UNIVERSITY PARKWAY  
WINSTON-SALEM NC 27106-2861**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/23/1995</b>	3a. Date of Last Report <b>04/30/1996</b>
				4. FEI Number <b>36-3048119</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILLIAMS, GREG 4515 GEORGE ROAD, SUITE 355 TAMPA FL 33634</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, WILLIAM G JR.</b>	1.2 NAME	
STREET ADDRESS	<b>RT. 4131 WEDGE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PFAFFTOWN NC 27040</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEW, JIMMY</b>	2.2 NAME	
STREET ADDRESS	<b>BOX 827, BERMUDA RUN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADVANCE NC 27008</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCARO, AL</b>	3.2 NAME	
STREET ADDRESS	<b>128 NANTUCKET LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARRINGTON IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMPSON, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>4964 UNIVERSITY PARKWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINSTON-SALEM NC 27106</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASTERNAK, JOEL H</b>	5.2 NAME	
STREET ADDRESS	<b>4964 UNIVERSITY PKWY.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINSOTN-SALEM NC 27106</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>BROWN, FRANK</del></b>	6.2 NAME	<b>Beth Dixon</b>
STREET ADDRESS	<b>4964 UNIVERSITY PKWY.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINSOTN-SALEM NC 27106</b>	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel H. Pasternak Date: 1/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

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