

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

FILED
Apr 09, 1998 8:00 am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000005553 (0)

1. Corporation Name
RCMC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3600 NW 82ND AVE MIAMI FL 33166		Mailing Address 3600 NW 82ND AVE MIAMI FL 33166	
2. Principal Place of Business 5761 West 12th Street Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32254		2a. Mailing Address 26 2100 RiverEdge Pkwy., N.W. Suite, Apt. #, etc. 27 Suite 300 City & State Atlanta, GA Zip 30328	
Country USA		Country USA	
3. Date Incorporated or Qualified 10/25/1996		4. FEI Number APPLIED FOR 65-0710002	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERRON, JAMES M 3600 NW 82ND AVE MIAMI FL 33166				10. Name and Address of New Registered Agent			
81 Name				C T Corporation System			
82 Street Address (P.O. Box Number is Not Acceptable)				1200 South Pine Island Road			
83							
84 City				Plantation		85 Zip Code FL 33324	

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRON, JAMES M	1.2 NAME	Randall E. West
STREET ADDRESS	3600 NW 82ND AVE	1.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	Decatur, GA 30030
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTON, EDWIN A	2.2 NAME	Gary Long
STREET ADDRESS	3600 NW 82ND AVE	2.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	Decatur, GA 30030
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, M ANTHONY	3.2 NAME	Robert Matheson
STREET ADDRESS	3600 NW 82ND AVE	3.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	Decatur, GA 30030
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, JOHN F	4.2 NAME	David S. Forbes
STREET ADDRESS	3600 NW 82ND AVE	4.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL 33166	4.4 CITY-ST-ZIP	Decatur, GA 30030
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, JOSHUA	5.2 NAME	
STREET ADDRESS	3600 NW 82ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	5.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, TARA BROCKWAY	6.2 NAME	
STREET ADDRESS	3600 NW 82ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	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 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]* DAVID S. FORBES 3/5/98 404 370 4209

CR2E034 (10/97)