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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005620 (7)

1. Corporation Name

RM ENGINEERED PRODUCTS, INC.

Principal Place of Business

4854 O'HEAR AVENUE
NORTH CHARLESTON SC 29405-4972

Mailing Address

4854 O'HEAR AVENUE
NORTH CHARLESTON SC 29405-4972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-1028444	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 is not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	present
NAME	HALBERDA, JOHN	1.2 NAME	DOUG BOOTH
STREET ADDRESS	4854 O'HEAR AVENUE	1.3 STREET ADDRESS	4854 O'HEAR AVE
CITY-ST-ZIP	NORTH CHARLESTON SC	1.4 CITY-ST-ZIP	NORTH CHARLESTON S.C.
TITLE	S	2.1 TITLE	
NAME	MAGIDA, STEPHEN A	2.2 NAME	
STREET ADDRESS	303 SOUTH BROADWAY, STE 229	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARRYTOWN NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	HILDEBRAND, DON	3.2 NAME	
STREET ADDRESS	4854 O'HEAR AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CHARLESTON SC	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	BALL, CHARLES E	4.2 NAME	
STREET ADDRESS	5055 CARDINAL DRIVE, STE 304	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Donald R. Halberda

V. P. I. C. E. D.

2-9-98

(803)

744-6261

CR2E034 (10/97)