

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90091 049 \*\*\*150.00

DOCUMENT # **F97000003603**

1. Corporation Name

**RPM MANAGEMENT, INC.**



Principal Place of Business

75 KALLOF PLACE  
P.O. BOX 2252  
SEDONA AZ 86336

Mailing Address

1781 PARK CENTER DR.  
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/10/1997**

4. FEI Number

**86-0713421**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, GARY L	
STREET ADDRESS	561 HWY. 179	
CITY-ST-ZIP	SEDONA AZ 86336	
TITLE	EVT	<input checked="" type="checkbox"/> DELETE
NAME	FREY, CHARLES C	
STREET ADDRESS	1781 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	AVDB	<input type="checkbox"/> DELETE
NAME	CLAAR, TERRY L	
STREET ADDRESS	ONE-A FALL CREEK DR	
CITY-ST-ZIP	BRANSON MO 65616	
TITLE	VDB	<input type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE E	
STREET ADDRESS	3601 LAKE TAHOE BLVD.	
CITY-ST-ZIP	SO. LAKE TAHOE CA 96150	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MENENDEZ, JESUS M	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VDB	<input type="checkbox"/> DELETE
NAME	RICKMAN, WAYNE	
STREET ADDRESS	3800 GREENCASTLE DR.	
CITY-ST-ZIP	WILLIAMSBURG VA 23188	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. Steven Miller	
1.3 STREET ADDRESS	1781 Park Center Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32835	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas A. Bell	
2.3 STREET ADDRESS	1781 Park Center Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32835	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Goodman	
3.3 STREET ADDRESS	1781 Park Center Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

(407) 532-1000

CR2E034 (11/98)