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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 04 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H13501

(2)

RETAIL MANAGEMENT GROUP, INC.

Principal Place 1807-BALD EAC BUITE 3* MARCO ISLAND	OLE-DR	Mailing Address  1007 BALD EAGLE DR SUITE 5  MARCO ISLAND FL 34145-21	02		
				3. Date Incorporated or Qualified 07/23/1984	3a. Date of Last Report 03/26/1996
2. Principal Pl 21 <b>V</b> 95	Pald Eggle Drive		ask Drive	4. FEI Number 59-2444785	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7	INS Country	Z(p 3	Country 0	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	pistered Agent
11. Pursuant	rea stered agent, or both, in the State of	and 607.1508, Florida Statules of Florida, Such change was au	84 City	ress (P.O. Box Number is Not Acceptable poration submits this statement for the pition's board of directors. I hereby accep	FL 85 Zip Code
SIGNATURE	m fam har with, and accept the obligat		da Statutes.  Registered Agent signature requi	rred when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELEYE	1.1 TITLE		Change Addition
NAME	LAPIDUS, VIRGINIA L.		1.2 NAME		
STREET ADDRESS	90 CYPRESS VIEW DR		1.9 STREET ADDRESS		
City-St-Zip	NPLES FL		1,4 CITY-ST-ZIP	Naples , F( 34	1113
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	PATTERSON, EUNICE		2.2 NAME		
STREET ADDRESS	270 N COLLIER BLVD #201		2.3 STREET ADDRESS		
CITY - S1 - ZIP	MARCO ISLAND FL		2. 4 CITY - ST - ZIP		•
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 7/P			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7:P			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition

6.2 NAME

14. I do nereby 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

an attachment with an address

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE: SUPPLIED OF PRINTED NAME OF STANING OFFICER OF DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP