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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H41349 (2)

1. Corporation Name

~~RMB Realty Corp.~~
M. S. Stevens Corp. *NC 8-16-96*

Principal Place of Business

Mailing Address

10179 W. Sample Rd.
Coral Spgs, FL 33065

10179 W. Sample Rd.
Coral Spgs, FL 33065

3. Date Incorporated or Qualified

2/6/85

3a. Date of Last Report

4/30/96

4. FEI Number

59-2505633

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 11030 NW 24th St

26 11030 NW 24th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Coral Spgs, FL

28 Coral Spgs, FL

Zip

Country

Zip

Country

24 33065

25 USA

29 33065

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Poris, Frederick
10179 W. Sample Rd.
Coral Spgs, FL 33065

81 Name

Poris, Frederick

82 Street Address (P.O. Box Number is Not Acceptable)

11030 NW 24th St

83

84 City

Coral Spgs

FL

85 Zip Code
33065

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

FREDERICK PORIS
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

3/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME Poris, Frederick
STREET ADDRESS 11030 NW 24th St.

CITY-ST-ZIP Coral Spgs, FL 33065

TITLE D ☐ DELETE

NAME Poris, Frederick
STREET ADDRESS 11030 NW 24th St.

CITY-ST-ZIP Coral Spgs, FL 33065

TITLE VPSD ☒ DELETE

NAME Samet, Abraham
STREET ADDRESS 10179 W. Sample Rd.

CITY-ST-ZIP Coral Spgs, FL 33065

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: *FREDERICK PORIS* *Frederick Poris* 3/17/97 (954) 752-4064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)