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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H59142 (O)

1. Corporation Name

R.M.B., INC.

Principal Place of Business

C/O WILLIAM P. MCCAUGHAN
80 SW 8 ST S2803
MIAMI FL 33130
US

Mailing Address

C/O WILLIAM P. MCCAUGHAN
80 SW 8TH ST. SUITE 2803
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1985

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

593052909

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAUGHAN WILLIAM P
80 SW 8TH STREET SUITE 2803
MIAMI FL 33130

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, printed name of registered agent and the principal officer)

(Signature, typed, printed name of registered agent and the principal officer)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME POZZI, ANTHONY A
12.2 STREET ADDRESS EAB PLAZA-EAST TOWER, 13TH FLOOR
12.3 CITY, ST, ZIP UNIONDALE NY

12.4 NAME MASCIS, MURRAY F
12.5 STREET ADDRESS EAB PLAZA-EAST TOWER, 13TH FLOOR
12.6 CITY, ST, ZIP UNIONDALE NY

12.7 NAME FREEL, JAMES T
12.8 STREET ADDRESS EAB PLAZA-EAST TOWER, 13TH FLOOR
12.9 CITY, ST, ZIP UNIONDALE NY

12.10 NAME CASSIN, RICHARD
12.11 STREET ADDRESS EAB PLAZA-EAST TOWER, 13TH FLOOR
12.12 CITY, ST, ZIP UNIONDALE NY

12.13 NAME LIFSCHUTZ, MARTIN N
12.14 STREET ADDRESS EAB PLAZA-EAST TOWER, 13TH FLOOR
12.15 CITY, ST, ZIP UNIONDALE NY

12.16 NAME LOMONACO, JOSEPH M
12.17 STREET ADDRESS EAB PLAZA-EAST TOWER, 13TH FLOOR
12.18 CITY, ST, ZIP UNIONDALE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(k), 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. I am an officer or director of the corporation or the principal officer 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 both, as attached with this filing.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 516-745-2302
Date Signature

(FL Corporation Annual Report 1995 Continued)

R.M.B., INC.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Assistant Secretary WILLIAM M. NEUNER EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARY ELLEN TROY EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL P. GRIPPO EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary LINDA FLOOD EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary ANDREA J. MUELLER EAB PLAZA-EAST TOWER, 15th FLOOR UNIONDALE, NY 11556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS W. ALEXANDERSON EAB PLAZA-EAST TOWER, 13th FLOOR UNIONDALE, NY 11556