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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

RPMI REAL PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address				
% DENNIS J. LUMSDEN P. O. BOX 60533 FORT MYERS FL 33906-3533 US	P. O. BOX 60533 FORT MYERS FL 33906-3533 US				
2. Principal Place of Business	2a. Mailing Address				
21   Suite, Apt. #, etc.	26 Suite, Apt. #, etc.				
City & State	City & State				

**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1987

2. Principal Pia	ace of Business	Za. Mailing Address				4. FEI Number Applied For
21		26				59-2841317 Not Applicab
Suite, Apt. 4	₹, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State		City & State		_		6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	$\overline{}$	untry		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren	29	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		it Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
	ISDEN, DENNIS J.			Ľ	TVAITIC	
117	0 WINKLER ROAD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
	TE 1			83		
FUF	RT MYERS FL 33919					
				84	City	FL 85 Zip Code
office or re	gistered agent, or both, in the State	of Florida, Such change was	authorize	d by	named co	corporation submits this statement for the purpose of changing its registere pration's board of directors. I hereby accept the appointment as registered
agent. ) an	n familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Sta	tutes.	·	
SIGNATURE	Signature, lyped or printed name of registered age		F. 01			equired when reinstating) DATE
12.	OFFICERS AN		13.	ICI AGEN	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 T	ITLE		☐ Change ☐ Addition
NAME	STEFFENS, JANIE		1.2 N	AME		
STREET ADDRESS	7125 LAKERIDGE		1.3.5	TREET A	DORESS	
CITY-ST-ZIP	FT MYERS FL			ITY-ST	- 1	
TITLE		DELETE	2.1 T			Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET A	DORESS	
CITY-ST-ZIP			2.40	CITY - ST	-ZIP	
TITLE	<del></del> -	☐ DELETE	3.1 T	ITLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET A	odress	
CITY - ST - ZIP		<u> </u>	3.4. 0	UTY-ST	-ZIP	
TITLE		☐ DELETE	4.1 T	TLE		Change Addition
NAME			4.21	AME		
STREET AODRESS					DDRESS	
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TITLE		□ DECEIE	5,1 T			L Change Addition
NAME			5.2 N			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP		DELETE		ITY-ST-	ZIP	Change Addition
TITLE		- Detere	6.1 T			Citalije 1 Addilit
NAME CTREET ADDRESS			6.2 N	_	DDDree	
STREET ADORESS			1		DDRESS	
14. I hereby ca	ertify that the information supplied w	ith this filing does not qualify f		rity - St - empti		in Section 119.07(3)(i). Florida Statutes, I further certify that the information
indicated of officer or of Block 12 o	on this annual report or supplementa lirector of the corporation or the rect r Block 13 if changed, or on an attai	al annual report is true and acc eiver or trustee empowered to chment with an address.	curate an execute	d that this re	my signa port as re	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under calls, that I am an equired by Chapter 607, Florida Statutes; and that my name appears in