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3-1-95 B-500

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82738** **(1)**

1. Corporation Name

RMB ASSOCIATES, INC.

Principal Place of Business	Mailing Address
%RICHARD M. BODEN 6799 CALLE DEL PAZ BOCA RATON FL 33433 US	%RICHARD M. BODEN 6799 CALLE DEL PAZ BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23:
City & State — 28:

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0119617 ☐ 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

BODEN, RICHARD M.
6799 CALLE DEL PAZ
BOCA RATON FL 33433

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☐ Change ☐ Addition	
NAME	BODEN, RICHARD M.	12 NAME		
STREET ADDRESS	6799 CALLE DEL PAZ	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	BODEN, JOAN M.	22 NAME		
STREET ADDRESS	6799 CALLE DEL PAZ	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	☐ Change ☐ Addition	
NAME	AUDINO, MICHELLE A.	32 NAME		
STREET ADDRESS	292 CEDAR STREET	33 STREET ADDRESS		
CITY-ST-ZIP	FISKDALE MA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☒ Change ☐ Addition	
NAME	BODEN, MARK R.	42 NAME		
STREET ADDRESS	195 RED OAK LANE	43 STREET ADDRESS	6799 CALLE DEL PAZ	
CITY-ST-ZIP	BRIDGEPORT CT	44 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	51 TITLE	☒ Change ☐ Addition	
NAME	BODEN, BRIAN E.	52 NAME		
STREET ADDRESS	6505 CHINAGROVE CT.	53 STREET ADDRESS	847 YOUNG DAIRY CT	
CITY-ST-ZIP	ALEXANDRIA VA	54 CITY-ST-ZIP	HERNDON VA 22070	
TITLE	D	61 TITLE	☒ Change ☐ Addition	
NAME	BODEN, RICHARD M. III	62 NAME		
STREET ADDRESS	1660 AVENIDA GUILLERMO	63 STREET ADDRESS	64 AYAMONTE	
CITY-ST-ZIP	OCEANSIDE CA	64 CITY-ST-ZIP	SAN RAMON CA 94583	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard M. Boden RICHARD M. BODEN APRIL 26 1995 407-391-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0282214 CP