SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 05/01/1995

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: BODEN, MARK R
82 Street Address (P.O. Box Number is Not Acceptable): 6799 CALLE DEL PAZ
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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: Mark R Boden 6/10/96
Signature typed/printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if changed) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BODEN, MARK R.		42 NAME	
STREET ADDRESS	6799 CALLE DEL PAZ		43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BODEN, BRIAN E.		52 NAME	
STREET ADDRESS	847 YOUNG DAIRY COURT		53 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	BODEN, RICHARD M. III		62 NAME	
STREET ADDRESS	64 AYAMONTE		63 STREET ADDRESS	
CITY-ST-ZIP	SAN RAMON CA		64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark R Boden 6/10/96 407 391 0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #