

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L57457** (8)

1. Corporation Name

RMR REALTY INVESTMENTS, INC.



Principal Place of Business

% RONALD E. REEVES
2616 KIRK ROAD
WEST PALM BEACH FL 33406

Mailing Address

% RONALD E. REEVES
2616 KIRK ROAD
WEST PALM BEACH FL 33406

2. Principal Place of Business

21 **9485 EL CLAIR RANCH RD**
Suite, Apt. #, etc.

22 **Boynton Beach**
City & State

23 **Boynton Beach FL**
Zip City & State

24 **33437** 25 **USA**
Zip Country

2a. Mailing Address

26 **9485 EL CLAIR RANCH RD**
Suite, Apt. #, etc.

27 **Boynton Beach, FL**
City & State

28 **Boynton Beach, FL**
Zip City & State

29 **33437** 30 **USA**
Zip Country

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0199885

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

REEVES, RONALD E.
2616 KIRK ROAD
W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9485 EL CLAIR RANCH RD
83
84 City **Boynton Beach** FL 85 Zip Code **33437**

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 **Ronald E. Reeves** **RONALD E. REEVES**
Signature, typed or printed name of registered agent or director (NOTE: Registered Agent signature required when reinstating)

4-30-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D REEVES, RONALD E.	2616 KIRK ROAD	W. PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ronald E. Reeves** **RONALD E. REEVES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 **407-864-1184**
Date Daytime Phone #

CR2E034 (12/95)