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PROFIT CORPORATION ANNUAL REPORT



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

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RGN	M INFORMATION SYSTEMS	, INC.			 100111011		B(B) B(b) #1811 #4
Delegated Block	- AP						
Principal Place		Mailing Address			i andicate Ben Afait (MBS) Alfile 1	anta nin Alâli Alâli Alâli	GYEN ALDIN BIRLY 186
3342- A L Titusvili	iald M. Goigel Lillian Blyd Le Fl 32780	C/O RONALD M 3342 A LILLIAN TITUSVILLE FL 3	BLVD				
US		US			 Date Incorporated or Qualified 04/27/1990 	3a. Date of Last 04/17	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-3068433		Not Applicable
2		27			5. Certificate of Status Desired	1 1	5 Additional
City & State	9	City & State		·	6. Election Campaign Financing		Required
3		28			Trust Fund Contribution		00 May Be ed to Fees
Zip ∡T	Country	Zιρ	Coun	try	8. This corporation has liability for i		
4	9. Name and Address of Currel	29	30		Florida Statutes 🔲 Yes	□No	,
	9, Name and Address of Curre	nt negistered Agent		31 Name	10. Name and Address of New R	egistered Agent	
വര	EL, RONALD M.		ľ	Name			
	LILLIAN BLVD.		E	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	VILLE FL 32780			33			
	The transfer of the transfer o			,			
			8	Gity		FL 85 Z	ip Code
 Pursuant t or registeri familiar wit 	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	z and 607,1508, Florida Stat da. Such change was autho ion 607.0505, Florida Statut	utes, the above rized by the co es.	e-named corpo rporation's boa	pration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable	NOTE: Registered Ac	e named corpo rporation's boa gout signature require		DATE	
SIGNATURE _		and title if applicable [NOTE Registered Ac	gent signature require		DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE _	Signature: typed or printed name of registered agreet OFFICERS AN PSD GOIGEL, RONALD M.	and title if applicable	NÖTE Registered Aç 13.	gent signature require	ed when reinstating)	DATE	
SIGNATURE	Signature: typed or printed name of registered agreet OFFICERS AN PSD GOIGEL, RONALD M. 6765 RIVEREDGE DR	and title if applicable [NOTE: Registered Ag 13. 1.1 Tiff 1.2 NAM	gent signature require	ed when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
12. 11LE IAME STREEL ADDRESS FITY-ST-ZIP	Signature typed or printed name of regelered agent OFFICERS AN PSD GOIGEL, RONALD M. 6765 RIVEREDGE DR TITUSVILLE FL	and title if applicable [NOTE: Registered Ag 13. 1.1 Tiff 1.2 NAM	gent signature require E E ET ADDRESS	ed when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
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