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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

1996

| DOCU 1. Corporation | MENT # | M7199 | 92 | (5 |) | | | | |
|--|----------------------------------|--|------------------------|---|--|--------------------------------|---|-------------------------------|---------------------------|
| RMW, | | | | • | , | | 1 (40)(40) (1) 3(1) 1 400) (3(4)(4) 44(1) 4 (4)(4) | å ilki binik Asna m | āli ālbis bidli bibli saa |
| Principal Place | e of Business | | : | | | | | | |
| RMW. INC. 1561 SOUTH | H CONGRESS AVENU ACH FL 33445 | Making Address RMW. INC. 1561 SOUTH CONGRESS AVENUE. SUITE 230 DELRAY BEACH FL 33445 | | | Suite 230 | Date Incorporated or Qualified | | | |
| 2. Principal Pr | lace of Business | | 28 | Mailing Address | | | 03/15/1988 | 05/0 | 1/1995 |
| 21 | | 26 26 | | | | | | Applied For | |
| Suite, Apt. #, etc. | | | | Suite, Apt # etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| Crty & State 23 | e | | City & State | | | 6. Election Campaign Financing | | Fee Required \$5.00 May Be | |
| Zip | | untry | 28 | 7.0 | | | Trust Fund Contribution | ш | Added to Fees |
| 24 | 25 | Circle y | 29 | Zip | Gountr 30 | У | 8. This corporation has liability for in Florida Statutes Yes | | nder s 199.032, |
| | 9. Name and Ad | idress of Curren | | ered Agent | | | 10. Name and Address of New R | No legistered Age | n! |
| MC NEE | : WAVNE D | | | | 81 | Name | | - 2 | |
| MC KEE, WAYNE R. 1561 SOUTH CONGRESS AVENUE | | | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptab | le) | |
| | BEACH FL 3344 | | | | 83 | | | | |
| | | | | | 84 | - | | | |
| 44 Ours and I | | | | | |]7 | | FL B | |
| or register | ed agent, or both, in | ections 607,0502 the State of Floric | and 607. Ia: Such i | .1508. Florida Stat change was autho | lates, the above- rized by the con- | named corporation's boar | ation submits this statement for the pure d of directurs. I hereby accept the appo | pose of changin | g its registered office |
| SIGNATURE | th, and accept the ob | ongations of, Section | nn 607.0: | 505, Florida Statut | es | | and a common triangles and contract the confic | липен азтеда | stered agent. Fam |
| | Signature, typed or prietation | | | | Marie Fagirhard Agai | il synal re or pres | tacher reliciating. | | |
| 12. | D | OFFICERS AND | DIRECT | ORS | 13. | · | ADDITIONS/CHANGES TO OFFI | | ECTORS IN 12 |
| NAME | MCKEE, WAYNE | | | ☐ DELETE | | | | ☐ Ch | iange |
| STREET ADDRESS | 1 4 4 4 5 5 4 4 4 4 4 4 5 5 5 5 | | | 1.2 NAME 1.3 STHEET ADDRESS | | 4000000 | | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | | | | AUUMESS ST ZDP | | | |
| TITLE | | | | ☐ DELETE | 2 1 HTLF | | | □ Ch | ange Addition |
| NAME | | | | | 2.2 NAME | | | | args [] Addition |
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| C-TY-ST-ZIP TITLE | | ···· | | | 2.4 CITY - S | I ZIF | | | |
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| CITY - ST-ZIP | | | | | 3.3 STHEE | | | | |
| TITLE | | | | DELETE | 3.4 Cify - S 4.1 Yille | I - ZIF | | | |
| NAME | | | | | 4 2 NAME | | | ☐ Cha | ange 🔲 Addition |
| STREET ADDRESS | | | | | 4.3 STHEET | ADORESS | | | |
| CITY - ST - ZIP | | | | | 4.4 CITY - S | | | | |
| TITLE | | | | ☐ DELETE | 5 1 TrTLE | | | ☐ Cha | ange |
| NAME | | | | | 5.2 NAME | | | — | |
| STREET ADDRESS | | | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | | Dourse | 5 4 CH Y - S | I - ZIP | | | |
| NAME | | | | ☐ DÉLETE | 6 1 TIAE | | | ☐ Cha | inge 🔲 Addition |
| STREET ADDRESS | | | | | 6.2 NAME | | | | |
| CITY-ST-ZIP | | | | | 6.3 STREET | | | | |
| 14. I do hereby | certify that the inform | nation supplied wi | to this file | od is valuated to | nished and does | -201 | the exemption stated in Section 119.0 | | |

SIGNATURE:

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

| GNATURE: | SIGNATURE | SIG

President Circ Captrastions.

CR2E034 (12/95)