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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M71992 (5)
1. Corporation Name
RMW, INC.



Principal Place of Business Mailing Address
RMW, INC. RMW, INC.
1561 SOUTH CONGRESS AVENUE, SUITE 230 1561 SOUTH CONGRESS AVENUE, SUITE 230
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------------|------------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | | |
| 22 City & State | 27 City & State | | |
| 23 Zip | 28 Zip | | |
| 24 Country | 25 Country | | |
| 3. Date Incorporated or Qualified | | 4. FEI Number | |
| 03/15/1988 | | NOT APPLICABLE | |
| 5. Certificate of Status Desired | | Applied For | |
| | | Not Applicable | |
| 6. Election Campaign Financing | | 8. This corporation owes or has paid the current year intangible | |
| Trust Fund Contribution | | Personal Property Tax due June 30. | |
| | | Yes No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC KEE, WAYNE R.
1561 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|-----------------|
| TITLE | D | 1.1 TITLE | Change Addition |
| NAME | MCKEE, WAYNE | 1.2 NAME | |
| STREET ADDRESS | 1049 DEL HAVEN DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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:

CR2E034 (10/97)