


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000055947 1. Entity Name RMS ENTERPRISES, INC.	
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Principal Place of Business 4100 N. POWERLINE RD. STE F2 POMPANO BEACH, FL 33073-3039	Mailing Address 4100 N. POWERLINE RD. STE F2 POMPANO BEACH, FL 33073-3039
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DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHAPMAN, SCOTT
7400 W. PALMETTO PARK RD, #4, STE. 399
BOCA RATON, FL 33433

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000024381 02/02/04-80065-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULTAK, RICHARD B 10432 NW 64TH STREET PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOCH, SHAUN 863 VERONA LAKE DRIVE WESTON, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *X* *SHAUN KOCH VP* *X* *1/28/04* *954-214-1961*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #