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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

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Apr 01 1998 8:00am

Secretary of State

CONSOLIDATED BUSINESS FOR	RMS, INC.			
Principal Place of Business	Mailing Address		- 1 10011001 111 20101 10110 01101 10110 1033 81E11	i dente atait árait teath átait indi
18050 E. 15 MILE RD.	18050 E. 15 MILE RD.			
P.O. BOX 26009	P.O. BOX 26009			
FRASER MI 48026 US	Fraser MI 48026 US		DO NOT WRITE IN T	HIS SPACE
US	US		3. Date Incorporated or Qualified	
2. Principal Place of Business	Do Malino Address		01/06/1986	
L	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		38-1816277	Not Applicable
22	27 Suite, Apr. #, 610.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Compaign Financing	
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP Country	Zip	Country	8. This corporation owes or has paid the	
24 25	<u> </u>	10	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curr		<u></u>	10. Name and Address of New Registe	
SLAZINSKI, JULIUS		81 Name		
100 E LINTON BLVD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
4TH FL TOWER, 301B		311001 7001	ess (F.O. BOX Number is NOt Acceptable)	
DELRAY BEACH FL 33483		83		
		84 City		85 Zip Code
				┡┖╏
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	502 and 607.1508, Florida Statutes te of Florida. Such change was au	s, the above-named corp thorized by the corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I am familiar with, and accept the obli	igalions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE Signature, typed or printed name of ingistered a				
	ND DIRECTORS	Registered Agent signature requirement 13.	red when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE CO	DELETE	1.1 TITLE	TODATIONO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO TH	Change Addition
NAME SLAZINSKI, JULIUS J.		1.2 NAME		
STREET ADDRESS 100 E LINTON BLVD 301-B	1	1.3 STREET ADDRESS		
CITY-ST-ZIP DELRAY BEACH FL	•	1.4 CITY-ST-ZIP		
TITLE VPF	DELETE	2.1 TITLE		Change Addition
NAME ANTON, JACK		22 NAME		
STREET ADDRESS 18050 E. 15 MILE		Z.Z RAME		
CITY-ST-ZIP FRASER MI		2.3 STREET ADDRESS	4.0	
			4.	
TITLE SD	DELETE	2.3 STREET ADDRESS		☐ Change ☐ Addition
NAME SLAZINSKI, HELENE B.	☐ DELETE	2:3 STREET ADDRESS 2:4 City-St-Zip	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
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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.

JAGE ANTON - VP. FINAN 3/12/98