

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:37

**DOCUMENT # P12038 (6)**

1. Corporation Name  
**R.M.R. ADVERTISING, INC.**

Principal Place of Business Mailing Address  
**1111 LINCOLN ROAD MIAMI BEACH FL 33139-9453**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/06/1986</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>11-2401717</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**MECHANIC, ROY  
1111 LINCOLN ROAD  
SUITE 305  
MIAMI BEACH FL 33139-9453**

10. Name and Address of New Registered Agent
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE <b>CD</b>	NAME <b>ROTH, ROBERT M.</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1111 LINCOLN RD.</b>	CITY - ST - ZIP <b>MIAMI BEACH, FL.</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE <b>P</b>	NAME <b>ROTH, RICHARD</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1111 LINCOLN RD.</b>	CITY - ST - ZIP <b>MIAMI BEACH FL</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
TITLE <b>T</b>	NAME <b>MECHANIC, ROY</b>	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1111 LINCOLN HIGH</b>	CITY - ST - ZIP <b>MIAMI BEACH FL</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE <b>S</b>	NAME <b>ENGLEMAN, JERROLD W.</b>	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1111 LINCOLN RD.</b>	CITY - ST - ZIP <b>MIAMI BEACH FL</b>	42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 of Block 13 of this report.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)