

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra H. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33036**

(5)

1. Corporation Name

RPMH, INC.



Principal Place of Business

**2001 WILSHIRE BLVD., SUITE 216
SANTA MONICA CA 90403**

Mailing Address

**2001 WILSHIRE BLVD., SUITE 216
SANTA MONICA CA 90403**

2. Principal Place of Business

2a. Mailing Address

21 State: **CA** # **0000**

26 State: **CA** # **0000**

22 City & State

27 City & State

23 Zip **90403** Country

28 Zip **90403** Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

**KATZ, MICHAEL D.
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI FL 33133**

3. Date Incorporated or Qualified

03/05/1991

3a. Date of Last Report

01/25/1995

4. FEI Number

95-4276129

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

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 607.06(2) and 607.07(1)(b), 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 such agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME **CP**
2. NAME **ROGERS, LOUIS**
3. STREET ADDRESS **2001 WILSHIRE BLVD #216**
4. CITY, STATE, ZIP **SANTA MONICA CA**
5. NAME **VCS**
6. NAME **ROGERS, JEFFREY**
7. STREET ADDRESS **2001 WILSHIRE BLVD #216**
8. CITY, STATE, ZIP **SANTA MONICA CA**
9. NAME **D**
10. NAME **ROGERS, ALAN**
11. STREET ADDRESS **2001 WILSHIRE BLVD #216**
12. CITY, STATE, ZIP **SANTA MONICA CA**
13. NAME **VT**
14. NAME **MALAT, WILLIAM**
15. STREET ADDRESS **2001 WILSHIRE BLVD #216**
16. CITY, STATE, ZIP **SANTA MONICA CA**

17. NAME **CP**
18. NAME **ROGERS, LOUIS**
19. STREET ADDRESS **2001 WILSHIRE BLVD #216**
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28. CITY, STATE, ZIP **SANTA MONICA CA**
29. NAME **VT**
30. NAME **MALAT, WILLIAM**
31. STREET ADDRESS **2001 WILSHIRE BLVD #216**
32. CITY, STATE, ZIP **SANTA MONICA CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
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30. NAME ☐ Change ☐ Addition
31. NAME ☐ Change ☐ Addition
32. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntary, true and does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information is based on the 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. 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 in change of or on behalf of the corporation.

SIGNATURE:

William Malat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (30) 529-2921

CR2E034 (12/95)