Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # P33036**

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

RPMH, INC.

Principal	Place of	Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

27

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29

2001 WILSHIRE BLVD., SUITE 216 SANTA MONICA CA 90403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

2001 WILSHIRE BLVD., SUITE 216 SANTA MONICA CA 90403

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90043 017 \*\*\*150.00



DO	NOT	WRITE	IN.	THIS	SPAC	ì
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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/05/1991

95-4276129

4. FEI Number

2699 SOUTH BAYSHORE DRIVE TH FLOOR MIAMI FL 33133  BA City  FL	KATZ	Z, MICHAEL D.		Ш				
TTH FLOOR MIAMI FL 33133    B4   City   FL   85   Zip Code	·		82	Street A	Address (P.O. Box Number is Not Acceptable)		ļ	
MAMI FL 33133    B4   City   FL   85   Zip Code				83				_
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				33				
11. Pursuant to the provisione 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. Statutes and horized 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 agrinted red tills if application.  (NOTE: Registered Agent agrinture required when relimitating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE  CP  ROGERS, LOUIS  201 WILSHIRE BLVD #216  SANTA MONICA CA  DELETE  11. THE  22. NAME  12. NAME  STREET ADDRESS  SCHY-ST-ZP  AND CHange  Addition  WCS  ROGERS, JEFFREY  201 WILSHIRE BLVD #216  SANTA MONICA CA  TITLE  D  CROGERS, JEFFREY  201 WILSHIRE BLVD #216  SANTA MONICA CA  TITLE  D  CROGERS, ALAN  32. NAME  AS STREET ADDRESS  CITY-ST-ZP  SANTA MONICA CA  DELETE  31. TITLE  Change  Addition  AS STREET ADDRESS  SANTA MONICA CA  TITLE  VT  NAME  STREET ADDRESS  SANTA MONICA CA  DELETE  41. TITLE  Change  Addition  AS STREET ADDRESS  SANTA MONICA CA  TITLE  CHANGE  SANTA MONICA CA  DELETE  41. TITLE  Change  Addition  ACTY-ST-ZP  Change  Addition  ACTY-ST-ZP  Change  Addition  ACTY-ST-ZP  TITLE  CHANGE  SANTA MONICA CA  TITLE  CHANGE  SANTA MONICA CA  DELETE  41. TITLE  CHANGE  SANTA MONICA CA  SANTA MONICA CA  SANTA MONICA CA  TITLE  CHANGE  SANTA MONICA CA  SANTA MONICA CA  SANTA MONICA CA  TITLE  CHANGE  SANTA MONICA CA  SA		n - 2		84	City	<del></del>	85 Zip C	code
office or registered agent, or both, in the State of Florida, Such change was authorized by the comporation's board of director's. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligations of, Section 607.0505, Florida Statutes.   To provide the obligation of, Section 607.0505, Florida Statutes.   To provide the obligation of the o		007.0700 1.007.4500	Florido Destráto de	No 1		correction authorite this statement for the purpo		registered
Signature, typed or printed name of registated agent and title if applications. (NOTE: Registrated Agent agenture required when reinstating)   IUNITE	office or re	egistered agent, or both, in the State of Florida, Sucl	h change was autho	rized by	the compo	pration's board of directors. I hereby accept the	appointment as reg	gistered
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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	14 I hereby c	certify that the information supplied with this filing do	es not qualify for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation

Country

81 Name

30

4. 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 informatic 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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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(310) 829-292)

2F034 (11/98)