

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P36183

(2)

1. Corporation Name

RMCES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **13-3468413** 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

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 607.05(1) and 607.1501, 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 607.05(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Secretary of State or Designated Agent)

(Date)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
PD BERGER, MARTIN S. 100 CLEARBROOK ROAD ELMSFORD NY
VSD WEINBERG, ROBERT 100 CLEARBROOK ROAD ELMSFORD NY
VAS ROOS, LLOYD I. 100 CLEARBROOK ROAD ELMSFORD NY

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (If 12)
1. Change 1. Addition
1. NAME 1. STREET ADDRESS 1. CITY ST ZIP
2. NAME 2. STREET ADDRESS 2. CITY ST ZIP
3. NAME 3. STREET ADDRESS 3. CITY ST ZIP
4. NAME 4. STREET ADDRESS 4. CITY ST ZIP
5. NAME 5. STREET ADDRESS 5. CITY ST ZIP
6. NAME 6. STREET ADDRESS 6. 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)(b), 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 officer or director of the corporation or its receiver or liquidator, and that I am signing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with appropriate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN BERGER

4-26 95

(904) 592-4600