SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012800 (8)**

1. Corporation Name
RGI MARKETING GROUP, INC.

Mailing Address
~~1881 UNIVERSITY DR~~ 2250 Atlanta
~~SUITE 107~~ Ft. Lauderdale,
~~CORAL SPRINGS FL 33071~~ FL 33326

Principal Place of Business
~~1881 UNIVERSITY DR~~ 2250 Atlanta
~~SUITE 107~~ Ft. Lauderdale,
~~CORAL SPRINGS FL 33071~~ FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 05/01/1993

2. Mailing Address
21 2250 Atlanta
Suite, Apt. #, etc.
22 1
City & State
23 Ft. Lauderdale, FL
Zip 24 33326 Country 25 Broward

2a. Principal Place of Business
26 2250 Atlanta
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, FL
Zip 29 33326 Country 30 Broward

4. FEI Number: 65-0374875
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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

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

9. Name and Address of Current Registered Agent

JOHN SOMMERER & COMPANY, P.A.
1881 UNIVERSITY DR
SUITE 107
CORAL SPRINGS FL 33071

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Elizabeth Goldewire
(Signature typed or printed name of registered agent and title if applicable) (New Registered Agent's signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (if any)	
11 TITLE	D	11 TITLE	
12 NAME	~~GOLDWIRE MICHAEL M~~	12 NAME	
13 STREET ADDRESS	~~2250 ATLANTA~~	13 STREET ADDRESS	remove Michael Goldwire
14 CITY-ST-ZIP	~~FT LAUDERDALE FL 33326~~	14 CITY-ST-ZIP	
21 TITLE	~~D~~	21 TITLE	President
22 NAME	GOLDWIRE ELIZABETH M	22 NAME	
23 STREET ADDRESS	2250 ATLANTA	23 STREET ADDRESS	
24 CITY-ST-ZIP	FT LAUDERDALE FL 33326	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	SM
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurately entered and 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 constitute an oath or affirmation as provided by Section 92.525, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Elizabeth Goldewire 6/9/94 305 344-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Elizabeth Goldewire