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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300006327

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90049 031 ***150.00

RMH IN	/ESTMENT COMPANY								
Principal Place	e of Business	Mailing Address				-	311 46 141 46 14		11 0 11 1 00 1 1 00 1
40188 US HWY 19 N 1685 KILLEAN COURT TARPON SPRINGS FL 34689 APOPKA FL 32712 US						DO NOT WRITE IN THIS SPACE			
-						3. Date Incorporated or Qualifed		•	
						01/20/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3160520			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of Status Desired		\$8.75 A	1
City & Stat	8	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the curr	ent year In		
24	25		30			Personal Property Tax.	Daminto	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New I	registered	Agent	
HOO	NDED POREDT M			81	Name				
HOOPER, ROBERT M 1685 KILLEAN COURT APOPKA FL 32712				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
				83					
APO	FRA FL 32/12		1	83					
			Ī	84	City		Fl	85 Zip (Code
	سعاهم المسادري المسادري					pration submits this statement for the			registered
office or n agent. I a	egistered agent, or both, in the Statum familiar with, and accept the oblig	a of Florida. Such change was at	uthonzed	by ti	he corporation	n's board of directors. I hereby acce	ot the appo	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	: Registered /	Agent	signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	
TITLE	DP	☐ DELETE	1.1 TITI	LE				Change	Addition
NAME	HOOPER, ROBERT M JR			1.2 NAME					
STREET ADDRESS	STREET ADDRESS 2350 CYPRESS POND ROAD #2603			1.3 STREET ADDRESS					
CITY-ST-ZIP	F-ZIP PALM HARBOR FL			Y-ST-	- ZiP				
TITLE	D DELETÉ			LE				Change	Addition
NAME	HOOPER, ROBERT M			2.2 NAME					ļ
STREET ADDRESS	1685 KILLEAN COURT		2.3 STI	REET	ADDRESS				
CITY-ST-ZIP	APOPKA FL 32712		2.4 Ci	TY-ST	- ZIP				
TITLE		☐ DELETE	3.1 TIT	LE				☐ Change	☐ Addition
_NAME			32 NA	ME					
STREET ADDRESS			3.3 ST	REET/	ADDRESS				
CITY-ST-ZIP			3.4. CIT	TY-\$T	-ZIP				
TITLE		DELETE	4.1 TIT	Œ	İ			☐ Change	Addition
NAME	}	•	4.2 NA	WE	Ì			i	
STREET ADDRESS			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	- ZIP				
TITLE		☐ DELETE	5.1 TIT					☐ Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		-ZIP				
TITLE		☐ DELETE	6.1 TIT		1			Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
f	Ī		S A CIT	V et	. 710				

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 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 changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR