

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025888 (7)**

1. Corporation Name
R & M INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business Mailing Address
22 W. MONUMENT AVE **22 W. MONUMENT AVE**
STE. 27 **STE. 27**
KISSIMMEE FL 34741 **KISSIMMEE FL 34741**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/05/1993 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 **26** **59-3201511** Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable

22. City & State 27. City & State 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip Country 28. Zip Country 6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

24. Zip Country 29. Zip Country 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MADRUDER, MICHAEL
22 W. MONUMENT AVE
STE. 27
KISSIMMEE FL 34741

B1 Name **MICHAEL MADRUDER**
B2 Street Address (P.O. Box Number is Not Acceptable)
241 E. RUBEN AVE
B3 **SUITE # B**
B4 City **KISSIMMEE** FL B5 Zip Code **34741**

11. Pursuant to the provisions 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. 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, Florida Statutes.

SIGNATURE Signature, Typed or Printed Name of registered agent and fee if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, RICHARD	1.2 NAME	
STREET ADDRESS	7711 INDIAN RIDGE TRAIL, SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP	FL 34747
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, MARILYN	2.2 NAME	
STREET ADDRESS	7711 INDIAN RIVER TRAIL, SOUTH	2.3 STREET ADDRESS	7711 INDIAN RIDGE TRAIL SOUTH
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	KISSIMMEE FL 34747
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard J. Butler* **4-14-95** **(407) 846 2642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

RICHARD J. BUTLER