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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000007509 (0)

R M D ENTERPRISES INC.

Principal	Place	of Bu	siness

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



645 OLD DIXIE HWY SEBASTIAN FL 32958	645 OLD DIXIE HWY SEBASTIAN FL 32958		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified		
			01/21/1994		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3222166	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State	<u>-</u> . <u>-</u> . <u>-</u> .	6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
2425	29 3	0	Personal Property Tax due June 30.	Yes 🔲 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WALLACE, RAYMOND W 645 OLD DIXIE HWY SEBASTIAN FL 32958		81 Name			
		82 Street Add			
CLUMOTITIES & COOC		83			
		84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	poration 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 title if applicable, (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE Addition WALLACE, RAYMOND W NAME 1,2 NAME 733 FORESTER AVE STREET ADDRESS 1.3 STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP 1.4 CRY - ST~ZIP DELETE Change Addition TITLE 2.1 TITLE MILLER, MABEL C 2.2 NAME 733 FORESTER AVE STREET ADDRESS 2.3 STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 changes, or on an attachment with an address.

SIGNATURE

CR2E034