Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Change Addition

Not Applicable

1998

MAÇRO, RONALD 6610 W LINEBAUGH AVE

**TAMPA FL 33625** 

SUITE 101



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham'

Secretagy of State DIVISION OF CORPORATIONS

**DOCUMENT #** P94000026871 (1) 1. Corporation Name

9. Name and Address of Current Registered Agent

R. M. ENTERPRISES OF TAMPA, INC.

Principal Place of Business Mailing Address 8610 W LINE BAUGH AVE 6610 W LINEBAIGH AVE SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE **TAMPA FL 33625 TAMPA FL 33625** US 3. Date Incorporated or Qualified 04/07/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3235240 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Ζıp Country 8. This corporation owes or has paid the current year Intangible Country Ζφ Yes Personal Property Tax due June 30. 24 25 29 30 |

City Zip Code 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 form. It is stated for florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its re

**B1** Name

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BIGNATURE	Signature, Spharor printed halfe divegetered agent and	title if applicable (NC	TE Registered Agent signatu
12.	OFFICERS AND D	IRECTORS	13.
ITLE	PVDS	DELETE	1 1 TITLE
<b>IAME</b>	MACRO, RONALD		1.2 NAME
TREET ADDRESS	6610 W LINEBAUGH AVE		1.3 STREET ADDRESS
ITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP
ITLE		DELETE	2 1 TITLE
LAME			2.2 NAME
TREET ADORESS			2 3 STREET ADDRESS
STY-ST-ZIP			2.4 CITY-ST-ZIP
ITLE		DELETE	3 1 TITLE
IAME	i	-	3 2 NAME
TREET ADDRESS			3 3 STREET ADDRESS
JTY-ST-ZIP			3.4 CITY-ST-ZIP
ITLE		DELETE	4 1 TITLE
ALE			4.2 NAME

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10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

THED

CM JUN 27 47 1: 15

700002765:107- Addison -02/04/99-01104--003 \*\*\*\*750.00 \*\*\*\*750.00

1-16-99 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

> 700002-02/\*\*\*

04739~~0. *158.75		
	Change	Additio

Change	Additi

Change	Addition

6 4 CITY-ST-ZIP CITY-ST-ZIP 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.

4 3 STREET ADDRESS

5 3 STREET ADDRESS

6 3 STREET ADDRESS

5 4 CITY-ST-ZIP 6 1 TITLE

I.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6 2 NAME

DELETE

DELETE

SIGNATURE:

**STREET ADDRESS** 

**STREET ADDRESS** 

**STREET ADDRESS** 

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

813-265-1615