

SECRETARY OF STATE  
APALACHESSE, FLORIDA  
AND  
FILED

95 APR 28 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

433 COUNTRY CLUB DR  
OLDSMAR FL 34677

|                                |                                |                                                                           |  |                                                                     |  |
|--------------------------------|--------------------------------|---------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
|                                |                                | 3. Date of Birth (MM/DD/YYYY)                                             |  | 3a. Date of Last Request                                            |  |
|                                |                                | 04/18/1994                                                                |  |                                                                     |  |
| 2. Name (Last, First, Middle)  | 2a. Name (Last, First, Middle) | 4. Filing Name                                                            |  | Applied For                                                         |  |
| 21. Name (Last, First, Middle) | 2a. Name (Last, First, Middle) | 59- 3258 956                                                              |  | Not Applicable                                                      |  |
|                                |                                | 5. Certificate of Status Desired                                          |  | \$8.75 Additional Fee Required                                      |  |
| 22. Name (Last, First, Middle) | 2a. Name (Last, First, Middle) | 6. Election Campaign Financing Trust Fund Contribution                    |  | \$5.00 May Be Added to Fees                                         |  |
| 23. Name (Last, First, Middle) | 2a. Name (Last, First, Middle) | 8. This corporation has hereby, by attaching the copies of the following: |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 24. Name (Last, First, Middle) | 2a. Name (Last, First, Middle) | 29. Name (Last, First, Middle)                                            |  | 30. Name (Last, First, Middle)                                      |  |

10. Name and Address of New Registered Agent

|    |                                                     |                |
|----|-----------------------------------------------------|----------------|
| 01 | Name                                                |                |
| 02 | Street Address (if C) Box Number, if not Applicable |                |
| 03 |                                                     |                |
| 04 | City                                                | FL 05 Zip Code |

11. The undersigned, the president, chairman of the board of directors, the officer named in parentheses, has signed this statement for the purpose of changing or, as required, adding or deleting information in the public filing of the Florida Statement of Financial Condition, which was previously authorized by the corporation's board of directors. I hereby affirm the truthfulness of the information reported.

 $\frac{2}{7} \times \frac{3}{4} = \frac{6}{28}$ ,  $\frac{3}{4} \times \frac{2}{7} = \frac{6}{28}$ ,  $\frac{2}{7} \times \frac{2}{7} = \frac{4}{49}$ 

| 12.   | OFFICERS AND DIRECTORS | 13.   | ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS              |
|-------|------------------------|-------|-----------------------------------------------------------|
| 12.1  | D                      | 13.1  | Director, President, Vice President, Secretary, Treasurer |
| 12.2  | HARMAN, FERN M         | 13.2  |                                                           |
| 12.3  | 433 COUNTRY CLUB DR.   | 13.3  |                                                           |
| 12.4  | OLDSMAR FL 34677       | 13.4  |                                                           |
| 12.5  |                        | 13.5  |                                                           |
| 12.6  |                        | 13.6  |                                                           |
| 12.7  |                        | 13.7  |                                                           |
| 12.8  |                        | 13.8  |                                                           |
| 12.9  |                        | 13.9  |                                                           |
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| 12.11 |                        | 13.11 |                                                           |
| 12.12 |                        | 13.12 |                                                           |
| 12.13 |                        | 13.13 |                                                           |
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| 12.16 |                        | 13.16 |                                                           |
| 12.17 |                        | 13.17 |                                                           |
| 12.18 |                        | 13.18 |                                                           |
| 12.19 |                        | 13.19 |                                                           |
| 12.20 |                        | 13.20 |                                                           |
| 12.21 |                        | 13.21 |                                                           |
| 12.22 |                        | 13.22 |                                                           |
| 12.23 |                        | 13.23 |                                                           |
| 12.24 |                        | 13.24 |                                                           |
| 12.25 |                        | 13.25 |                                                           |
| 12.26 |                        | 13.26 |                                                           |
| 12.27 |                        | 13.27 |                                                           |
| 12.28 |                        | 13.28 |                                                           |
| 12.29 |                        | 13.29 |                                                           |
| 12.30 |                        | 13.30 |                                                           |

*John H. Homan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL

Fern M Harman President

3-17-95 (813) 932-9265

0100023

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

CORPORATION  
ANNUAL REPORT

1995



344490

DOCUMENT # P94000029897 (3)

RM REAL ESTATE CORPORATION

APPROVED

RECEIVED

RECEIVED

DO NOT WRITE IN THIS SPACE

Principal Office Address: 4513 S OCEAN BLVD UNIT 1  
HIGHLAND BEACH FL 33487

Mailing Address: 4513 S OCEAN BLVD UNIT 1  
HIGHLAND BEACH FL 33487

|                                                                                    |                                                          |
|------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date incorporated in Florida                                                    | 3a. Date of Last Report                                  |
| 04/18/1994                                                                         |                                                          |
| 4. FIC Number                                                                      | Applied For<br>Not Applicable                            |
| 65-0499414                                                                         |                                                          |
| 5. Certificate of Status (Desired)                                                 | \$8.75 Additional<br>Fee Required                        |
| <input type="checkbox"/>                                                           |                                                          |
| 6. Proportion Campaign Financing<br>Trust Fund Contribution                        | \$5.00 May Be<br>Added to Fees                           |
| <input type="checkbox"/>                                                           |                                                          |
| 8. Does corporation have liability for damages under § 199.02,<br>Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                             |                     |
|-----------------------------|---------------------|
| 2. Principal Office Address | 2a. Mailing Address |
| 21. Date of Report          | 2b. Date of Report  |
| 22. Name of Officer         | 2c. Name of Officer |
| 23. Name of Officer         | 2d. Name of Officer |
| 24. Name of Officer         | 2e. Name of Officer |

9. Name and Address of Current Registered Agent

SCIORTINO, LORENZO  
4513 S OCEAN BLVD UNIT 1  
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City                                               |
| 84. State                                              |
| 85. Zip Code                                           |

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address above set forth. I hereby accept this appointment as registered agent of said corporation and I hereby certify that the corporation is in compliance with the provisions of the Florida Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                                                                        | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                                                  |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <p>NAME: D<br/>SCIORTINO, LORENZO<br/>4513 S OCEAN BLVD UNIT 1<br/>HIGHLAND BEACH FL 33487</p>    | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: D<br/>GUZZETTA, MARK<br/>3307 NW 29TH AVE<br/>BOCA RATON FL 33434</p>                    | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |
| <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> | <p>NAME: _____<br/>STREET ADDRESS: _____<br/>CITY: _____<br/>STATE: _____<br/>ZIP CODE: _____</p> |

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address above set forth. I hereby accept this appointment as registered agent of said corporation and I hereby certify that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: \_\_\_\_\_  
DATE: 4/20/95