FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED AND FILED

ANNUAL REPORT

1995

95 MAR -7 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032742 (6)

1. Name of Corporation

R-M DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
2255 GLADES RD SUITE 405 EAST BOCA RATON FL 33431	2255 GLADES RD SUITE 405 EAST BOCA RATON FL 33431

Date of Last Annual Report

3. Date Report Should be Submitted: 04/21/1994

3a. Date of Last Report:

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number: 65-0500614 — Applied For / Not Applicable

Street Address 22

Street Address 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State 23

City & State 28

6. Political Campaign Treasurer's Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip 24 | County 25 | Zip 29 | County 30

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCRAE, MITCHELL T ESQ
2255 GLADES RD SUITE 405 EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. The corporation is 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: DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: DVS Name: MCRAE, MITCHELL T Address: 2700 NW 42ND ST City, St, Zip: BOCA RATON FL 33434	31 Title ☐ Change ☐ Addition 32 Name 33 Street Address 34 City, St, Zip
Title: DPS Name: ROBINSON, GERALD L Address: 3062 NW 61ST ST City, St, Zip: BOCA RATON FL 33496	35 Title ☐ Change ☐ Addition 36 Name 37 Street Address 38 City, St, Zip
Title Name Address City, St, Zip	39 Title ☐ Change ☐ Addition 40 Name 41 Street Address 42 City, St, Zip
Title Name Address City, St, Zip	43 Title ☐ Change ☐ Addition 44 Name 45 Street Address 46 City, St, Zip
Title Name Address City, St, Zip	47 Title ☐ Change ☐ Addition 48 Name 49 Street Address 50 City, St, Zip
Title Name Address City, St, Zip	51 Title ☐ Change ☐ Addition 52 Name 53 Street Address 54 City, St, Zip

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information contained herein is true and correct and that the signature shall bear 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 with an address.

SIGNATURE: 2/28/95 (404) 241-6600

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DESIGNATION

Mitchell T. McRae, Vice-President

0437184 FP