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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000032742

1. Corporation Name

Principal Place of Business

R-M DEVELOPMENT GROUP, INC.

| | RD CUITE 405 EAST | 2255 GLADES NO SUITE 405 | i ea st | | | |
|---|--|-----------------------------------|--|--|--------------------------|------------|
| BOCA RATON-I | tchell McRAE | BOCA-RATON FL-99491- | | DO NOT WRITE I | N THIS SPACE | |
| HAPT | BOCA PLAZA | | _ | 3. Date Incorporated or Qualifed | | |
| 23007 | South State Rd. 7 | BOCA RATON, | , FL 33428 | 04/21/1994 | | |
| | face of Business | 2a. Mailing Address | | 4. FEI Number | Applie | d For |
| 21 C/o M | litchell Mckae | 26 Clo Mitchel | MCKAE | 65-0500614 | | pplicable |
| Suite, Apt. | | 27 23 003 Sou | th St. Rd. 7 | 5. Certificate of Status Desired | \$8.75 Add Fee Requi | - |
| City & Stat | A | City & State BocA RA | TON, FL. | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Ma Added to F | , , |
| Zip | Country | Zip | Country | 8. This corporation owes the current | | |
| 24 33 | 128 25 USA | | USA | Personal Property Tax. | | No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | stered Agent | |
| · MOE | RAE, MITCHELL T ESQ | West BOCA PC | A7A 81 Name | | | |
| | GLADES RD SUITE 405 EAST | 23003 South-S | 82 Street Addr | ress (P.O. Box Number is Not Acceptable |) | |
| | A RATUN FL 33431 | 25007 30017 | WES | T BOCA PLAZA | | |
| -000 | 2 1ATOR 12 30401 | BOCA RATON, | FL " 230 | 03 South St. Rd. | 7 | |
| | | 33428 | 84 City | LA RATON | FI 85 Zip Coo | e 2 R |
| 44 Pursuant | to the provisions of Sections 607 0502 | and 607 4509 Elorida Statutor | the shows named corn | poration submits this statement for the put | pose of changing its reg | istered |
| 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. | | | | | | |
| - | im familiar with, and accept the obligation | ons of, Section 607.0303, Flori | ua Statutes. | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: F | Registered Agent signature require | d when reinstating) | DATE | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | ☐ Change | Addition |
| NAME | Robinson, Gerald L | | 1.2 NAME | | | Ì |
| STREET ADDRESS | 3062 NW 6151 ST 2312 | 3 St-Rd. 7, #201 | 1.3 STREET ADDRESS | | | ŀ |
| CITY-ST-ZIP | BOCA RATON FL 33496 | CA RATON, FL | 1.4 CITY+ST-ZIP | | | |
| TITLE | SDT | DELETE | 2.1 TITLE | | Change | Addition |
| NAME | FECHEIMER, FRED | | 2.2 NAME | | | |
| STREET ADDRESS | | 300 | 2.3 STREET ADDRESS | a comment | | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI 48304 | | 2.4 CITY-ST-ZIP | | | |
| TITLE | DVP | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | GORDON, HAROLD | | 3.2 NAME | | | J |
| STREET ADDRESS | 1 - | | 3.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 3.4. CITY-ST-ZIP | <u></u> | - Chart | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | İ | | 4.3 STREET ADDRESS | | | . 1 |
| 077 67 70 | | | 4.3 STREET ADDRESS | • • | | ا ي |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | - Chassa | Addition |
| TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | <u> </u> | ☐ Change | Addition |
| | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change | Addition |

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered. 561-451-0095

Change

Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90035 019 ***150.00