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PROFIT
CORPORATION
ANNUAL REPORT

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037116 (8)

RMG/ORC, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State

PC19A PUMPKIN CAY PC19A PUMPKIN CAY OCEAN REEF CLUB OCEAN REEF CLUB DO NOT WRITE IN THIS SPACE KEY LARGO FL 33037 KEY LARGO FL 33037 3. Date Incorporated or Qualified 05/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 19 TUNPKIN CAY ROAD UNITA 19 PUTPHIN CAY ROAD UNTA 65-0498891 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THOMES, TIMOTHY N 99198 OVERSEAS HWY Street Address (P.O. Box Number is Not Acceptable) SUITE 8 KEY LARGO FL 33037 Zip Code City 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ___ DELETE Change Addition 1.1 TITLE TITLE GOLL, RALF 1.2 NAME NAME PC19A PUMPKIN CAY, OCEAN REEF CLUB 1.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE □ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CiTY-ST-ZIP Change ... Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition ___ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition TITLE ☐ DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP not/quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual re-officer or director of the corporation or the receiver or trus-Jacoviate and that my signature shall have the same legal effect as if made under oath; that I am an of the same legal effect as if made under oath; that I am an of the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in