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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000044802 (4) DOCUMENT

RMO VENTURES INC.

Principal Place of Business

Charles of the latest of the state of the state of

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



3407 SW BESSEY CREEK TRAIL 3407 SW BESSEY CREEK TRAIL PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0497520 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD., SUITE 211 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 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 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, typod or printed name of registered agost and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ DFLETE __ Change Addition TITLE 1.1 TITLE OLSON, RICAHRD F 1.2 NAME NAME 7901 NE 8TH CT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP **VPST** Addition DELETE Change TITLE 2.1 TITLE OLSON, MILDRED NAME 2.2 NAME 7901 E 8TH CT 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 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 City-St-7iP 4.4 CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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. Dulna

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