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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075502 (2)

R M S ASSOCIATES INTERNATIONAL, INC.

Principal Place	ng Address							1		
BSO CHARLEMAGNE BLVD NAPLES FL 33982			950 CHARLEMAGNE BLVD NAPLES FL 34112-7131							
							3. Date tricorporated or Qualified 10/12/1994		e of Last F 1/1996	leport
	lace of Business	}- 	ng Address				4. FEI Number		A	pplied For
Sulte, Apt.	# ata	26	Ant # ata				65-0527703			ot Applicable
22 City & State		27	Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired			
23	•	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip					8. This corporation has liability for			
24	25	29	30				Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Re	gistered A	gent	
	JAMES R			1	81	Name				
	CHARLEMAGNE BLVD		82 Street A			Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
NAPI	LES FL 33962			_				· · · · · · · · · · · · · · · · · · ·		
					83					
				1	84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typind or profee name of registered ag	ations of, Sec	tion 607.0505, F	lorida Statu	ıles	i.	oration submits this statement for the point's board of directors. I hereby acce	ourpose of o	changing i intment as	ts registered registered
12.	OFFICERS AN	ID DIRECTOR		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 1111	L f				Change	Addition
NAME	LEE, JAMES R			1.2 NAM	ΜE					
STREET ADDRESS	950 CHARLEMAGNE BLVD			1.3 STR	ŒFT.	ADDRESS				
CITY-ST-ZIP	NAPLES FL 33962			1.4 CIT		1 - ZIP			7.0	
TITLE	D Lee, Jeanette 8		☐ DELETE	2.1 TIT				l	Change	Addition
NAME	950 CHARLEMAGNE BLVD			2.2 NAM						
STREET ADDRESS	NAPLES FL 33962					ADDRESS				
CITY-ST-ZIP TITLE	TOW CLOT L COURT		☐ DELETE	2. 4 CIT 3.1 TITE		it- 21P		1.2	Change	Addition
NAME				3.2 NAI						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4 CII		1				
TITLE			DELETE	4.1 1111	LE				Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STF	REET.	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y - \$1	1 - ZIP				
TITLE			☐ DELETE	5.1 TITI	LE			[Change	Addition
NAME				5.2 NA	VE					
STREET ADDRESS				5.3 STF	BEET.	ADDRESS				
CITY-ST-ZIP		****	Delete	5.4 CI1		1-2IP			70	Address
TITLE			∐ DELETE	6.1 TITE				L	Change	Addition
NAME				6.2 NAI		1000000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP 14. I do heret	by certify that the information supplie	ed with this filin	ng does not qua	6.4 CIT lify for the e	exe	mption stated	l in Section 119.07(3)(i). Florida Statute	s. I further	certify that	the
Informatio	on indicated on this annual report or	supplemental r the receiver-	annual report is or trustee empo	true and adwered to ex	ccu	rate and that	my signature shall have the same legal as required by Chapter 607, Florida	al effect as	if made un	nder oath; that