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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000075502 (2)

1. Corporation Name

R M S ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

950 CHARLEMAGNE BLVD  
NAPLES FL 33962

Mailing Address

950 CHARLEMAGNE BLVD  
NAPLES FL 33962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1994	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Suite, Apt. #, etc.	30 City & State	31 Zip	32 Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEE, JAMES R 950 CHARLEMAGNE BLVD NAPLES FL 33962				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code	
11. Pursuant to the provisions of Sections 607.0509 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.				85 FL	

9. Name and Address of Current Registered Agent

LEE, JAMES R  
950 CHARLEMAGNE BLVD  
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 Zip Code	

11. Pursuant to the provisions of Sections 607.0509 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

*James R. Lee*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-11-98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LEE, JAMES R	1.2 NAME	
STREET ADDRESS	950 CHARLEMAGNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LEE, JEANETTE S	2.2 NAME	
STREET ADDRESS	950 CHARLEMAGNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *James R. Lee* JAMES R. LEE

4-11-98 941-775-8686

CR2E034 (10/97)