SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R **PROFIT** FLORIDA DEPARTMENTE DE STATE CORPORATION Sandra B. Morti ANNUAL REPORT Secretary of St. DIVISION OF CORPORTIONS 1996 **DOCUMENT #** P95000014066 (1) R & M STUDIOS, INC. Principal Place of Business Mailing Address 118 N. MEDEOR STREET, UNIT D 118 N. MEDEOR STREET, UNIT I **CLEARWATER FL 34625** CLEARWATER FL 34625 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199 032, Yes 🔲 No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida State. veinamed corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typical or printed name of registers diagent and title diapple able DATE 12 OFFICERS AND DIRECTORS (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition SHUTRUMP, REBECCA NAME CR2E034 118 N. MEDEOR STREET, UNIT D STREET ADDRESS ET ADDRESS **CLEARWATER FL 34625** CITY - ST - ZIP - ST - ZIP DELETE TITLE Change Addition NAME STREET ADDRESS HEET ADDRESS CITY-ST-ZIP 2 4 TY ST-712 TIFLE DELETE 3 1 TLE Change Addition 3.2 KM8 STREET ADDRESS 3.3 SHEET ADDRESS CITY - ST - 7IP DELETE TITLE Change 411.E NAME 4 2 AME STREET ADDRESS 4.1 REET ADDRESS CITY-ST-ZIP 4.4 -1 Y - ST - ZIP DELETE TITLE Change Addition 5.1 Fr F NAME STREET ADDRESS CITY-ST-ZIP 5 4 ITY - ST ZIP 700001898567°°° | -07/18/96--01059--021 TITLE DELETE 6 2 MME NAME STREET ADDRESS 6 3 PREET ADDRESS CITY-ST-ZIP 64 TY ST ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished nid does not qualify for the exemption stated in Section 119 07(3)(x). Fronta Statutes further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath, that I am an officer and recting the corporation or the receiver or fustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 of Block 12 of Block 12 of Block 12 of Block 13 of Polick 13 of Block 13

R.a.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: