SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022218 (8)

1. Corporation Name

RPM PARTNERS, INC.

Principal Place of Business	Mailing Address
11121 HEALTH PARK BLVD. SUITE 700 NAPLES FL 33942	11121 HEALTH PARK BLVD. SUITE 700 NAPLES FL 33942

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report:
4. FEI Number: 65-0570704 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21 — Suite, Apt #, etc 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — Country 30

5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MCDONNELL, A G
11121 HEALTH PARK BLVD.
SUITE 700
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 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] ARTHUR MCDONNELL 8-5-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	**BIAFORE, JOSEPH**
STREET ADDRESS	**11121 HEALTH PARK BLVD. SUITE 700**
CITY-ST-ZIP	**NAPLES FL 33942** [ ] DELETE
TITLE	D
NAME	**POWELL, CHARLES**
STREET ADDRESS	**11121 HEALTH PARK BLVD. SUITE 700**
CITY-ST-ZIP	**NAPLES FL 33942** [ ] DELETE
TITLE	~~Jim Riesenberg~~ [ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRES	[ ] Change [X] Addition
3.2 NAME	JAMES RIESENBERG	
3.3 STREET ADDRESS	11121 HEALTH PK BL #700	
3.4 CITY-ST-ZIP	NAPLES, FL 33942	
4.1 TITLE	V. P	[ ] Change [ ] Addition
4.2 NAME	A. G. MCDONNELL	
4.3 STREET ADDRESS	11121 HEALTH PK BLVD #700	
4.4 CITY-ST-ZIP	NAPLES, FL. 33942	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P 8-5-96 941 598-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR MCDONNELL
CS 8/19/96

CR2E034 (3/96)