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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000032546	(0)

RMP. INC.

FILED Apr 23 1997 8:00am Secretary of State

Principal Place 716 SUNSET R BOYNTON BEA	e of Business	Mailing Address 716 SUNSET ROAD BOYNTON BEACH FL	33435-7933			
					1	of Last Report 3/1996
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Cuite Act	H. only	26 Suite Ant # ata			65-0588155	Not Applicable
Suite, Apt	#, CUC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip Country		8, This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curren	29 Annual Annual	30		Florida Statutes Yes 10. Name and Address of New Registered A	
IADA		II II AMININI DA MANINI		81 Name	In venin and undustra at their unfiertainn	lativ.
	MAN, MURRAY SUNSET ROAD			SO Chant A	/D.O. Barraliant of the Account blad	
	NTON BEACH FL 33435			82 Street Ad	ss (P.O. Box Number is Not Acceptable)	
i -				83		***************************************
				84 City		85 Zip Code
				'	<u>FL</u>	
11, Pursuant to office or re	to the provisions of Sections 607.050. Egistered agent, or both, in the State)2 and 607.1508, Florida \$1 c of Florida Such change v	tatutes, the a vas authorize	bove-named co d by the corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	hanging its registered introduced
agent Far	m familiar with, and accept the obliga	ations of Section 607.0505	5, Florida Sta	utes.		}
SIGNATURE	Signature, typed or printed name of registered age	ent and trie if applicable	(NOTE: Registere	1 Agent signature re	d when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 To	ILE		Change Addition
NAME	JARMAN, FREDERICK M.		1.2 N	UME		\$
STREET ADDRESS	716 SUNSET ROAD		1.3 S	REET ADDRESS		ľ
CITY-ST-ZIP	BOYNTON BEACH FL	T 551.544		TY-ST-ZIP		7.5
TITLE	VP	☐ DELETE			ι	Change Addition C
NAME DIOPER LODDICES	O'REILLY, STEPHEN R. 716 SUNSET ROAD		2.2 N			
STREET ADDRESS CITY-S1-ZIP	BOYNTON BEACH FL		1	REET ADDRESS		j
TITLE	T	DELETE				Change Addition
NAME	WYATT, PATRICK		32 N		•	
STREET ADORESS	1516 HILBY AVENUE			REET ADDRESS		
CHY-ST-ZIP	SEASIDE CA		3.4. <u>C</u>	ITY-ST-ZIP		
TITLE		☐ DELETE				Change Addition
NAME			4, 2 N	AME		1
STREET ADDRESS				REET ADDRESS		
CITY-ST-716		I not the		TY-ST-ZIP		Change Addition
1:TLF		DELETE			ı	Change Addition
NAME STREET ADDRESS			5.2 N	REET ADDRESS		}
DITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			62 N	Į.	•	
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP			6.4 C	TY-ST-ZIP	<u> </u>	
14. I do heret	by certify that the information supplied	d with this filing does not c	qualify for the	exemption sta	in Section 119.07(3)(i). Florida Statutes. I further	certify that the

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(j). 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

SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING OFFICER OR DIRECTOR

FREDERCK MURRAY JARA

14/khn (

(561) 735.487

0320258