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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080836

1. Corporation Name

RMN ENTERPRISES, INC.

Principal Place of Business	Mailing Address			
1128 OHIO AVE	1128 OHIO AVE			
PALM HARBOR FL 34683	PALM HARBOR FL 34683			

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90118 024 ***150.00



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Principal Plac	e of Business	Mailing Address							
1128 OHIO AVE 1128 OHIO AVE									
PALM HARBOR FL 34683 PALM HARBOR FL 34683					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	0017102	_	1
ļ						10/18/1995			Į
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number	- An	plied For	1
⊢ :	lace of Business	26				59-3346541	⊢	t Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A		1
22	n, did.	27				5. Certifcate of Status Desired	Fee Re		
City & Stat	le .	City & State				6. Election Campaign Financing	\$5.00	May Re	1
23	-	28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Co	untry		8. This corporation owes the current year I	ntangible		1
24	25	- 29	30 -	۔ غیبہند		= Personal Property Tax	Yes	□No	
	9. Name and Address of Current			1		10. Name and Address of New Registere	d Agent]
				81	Name				
	t, robert m			82	Ctroot Addres	ss (P.O. Box Number is Not Acceptable)			1
1128	B OHIO AVE			02	Street Addres	ss (P.O. Box Nulliber is Not Acceptable)			
PALI	M HARBOR FL 34683			83					1
ļ				\Box			T-1		4
				84	City	F	85 Zip 0	Code	
44 Purcurant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statut	es the a	hove	-named como	ration submits this statement for the purpose	of changing its	registered	1
l office or o	registered agent, or both, in the State o	of Florida. Such change was a	utnorize	a by i	the corporation	's board of directors. I hereby accept the app	ointment as re	gistered	
agent. I a	m familiar with, and accept the obligati	. 0. //	rida Sta	utes.	M	<i>- 4 1</i>	c- 59		1
SIGNATURE	Signature, typed or printed name of registered agent	TT TRES (MOTE	Parietera		t signature required	when reinstating) DATE	<u>5-99</u>		ے ا
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13,	u ryen	ognataro roquiros	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	R2E034 (11/98)
TITLE	PTS	☐ DELETE		ITLE			Change	☐ Addition	1
NAME	NUTT, ROBERT M		121	AME					7
STREET ADDRESS	4400 OURO AVENUE				ADDRESS				8
	PALM HARBOR FL			ITY-ST					2
CITY-ST-ZIP	VD	☐ DELETE	2.1 7	_	-21		Change	Addition	0
1	NUTT, JANICE L		2.1 WILL 2.2 NAME		ł		_		
NAME	4400 0000 805				ADORESS				1
STREET ADDRESS	PALM HARBOR FL				1				1
CITY-ST-ZIP	PALM HANDON FL	☐ DELETE	2. 4 t	CITY-S	1-ZIP		Change	Addition	1
TITLE	1								
NAME			_	IAME_					1=
STREET ADDRESS			1		ADDRESS				(
CITY-ST-ZIP		☐ DELETE	_	777-S	1-ZIP		Change	Addition.	1
TITLE		· I''I DETEIR		TLE	ĺ				1
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	-	[] her end	_	ITY-S1	-ZIP		Change	☐ Addition	1
TITLE	(☐ DELETÉ		TILE			Change	☐ Addidoit	1
NAME				AME					1
STREET ADDRESS	ĺ				ADDRESS				ļ
CITY-ST-ZIP			_	TY-S	r-ZîP		E3 61		1
TILE	Į	☐ DELETE	6.1 T	IILE	Į.		Change	☐ Addition	{
1 Marie									
NAME	Ē			IAME	ADDRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP