

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000086984 (8)

1. Corporation Name

RMA ENTERPRISES, INC.



Principal Place of Business

15856 SANCTUARY DRIVE  
TAMPA FL 33647

Mailing Address

15856 SANCTUARY DRIVE  
TAMPA FL 33647

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3355704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTERMAN, ROBERT  
15856 SANCTUARY DRIVE  
TAMPA FL 33647

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, typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME ROBERT ALTERMAN  
STREET ADDRESS 15856 Sanctuary Dr.  
CITY-ST-ZIP Tampa, FL 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11 TITLE  
12 NAME  
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21 TITLE  
22 NAME  
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31 TITLE  
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41 TITLE  
42 NAME  
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44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
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64 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ALTERMAN

4/14/96

8/3478-8811

Date

Day & Phone

CR2E034 (12/95)