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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000086984 (8)

1. Corporation Name

RMA FNTERPRISES, INC.



Principal Place of Business		Mailing Address	Mailing Address		1 14811981 110 15101 31111 48111 88111 98111 98111 9818 9118 1818 1818 1818 1881	
15856 SANCTUARY DRIVE TAMPA FL 33647		15856 SANCTUARY DF TAMPA FL 33647	15856 SANCTUARY DRIVE TAMPA FL 33647			
					 Date Incorporated or Qualified 11/09/1995 	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEL Number 59-3355 104	Applied For
21		26			59-3355 104	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Hequired
City & State		City & State	[6. Flection Campaign Financing	\$5.00 May Be
710	Country	28 Zip	Countr		Trust Fund Contribution 8. This corporation has liability for its component of the second se	Added to Fees
Zip 24	25	29	30	r		No
27	g. Name and Address of Cur		1001		10. Name and Address of New R	<u> </u>
			81	Name		
ALTERM/	AN, ROBERT		82	Ctroot Add	ress (P.O. Box Number is Not Acceptab	Ja)
	ANCTUARY DRIVE		02	Sireer Add	ress (.e. box rumber to rec recognist	,
· TAMPA F	L 33647		83	1		
_			84	City		85 Zip Code
• ,			04	City		FL S Z COOS
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, ti e ahove	named corpo	ration submits this statement for the pur	pose of changing its registered office
or register samiliar wit	ed agent, or both, in the State of F th, and accept the obligations of, S	iorida. Such change was authori ioclion 607.0505, Florida Statute	zea by the con s.	poration's boa	ard of directors. I hereby accept the app	oritment as registered agent. Fam
S:GNATURE						
0.0.0110.12	Signature, typed or profed have of registered a		OTF France 1 Ag	nt signature religios		DATE
12.	, <u> </u>	AND DIRECTORS	13.		ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change
TITLE	PRESIDENT	DELFTE	1 1 TILLE			Charge L Addition
NAME	ROBERT ALTERI	7.AN	1.2 NAME			
STREET ADDRESS	ROBELT ALTERN 15256 SANCTUM TAMPA, FL 33	ey pe		LADDRESS		
CITY-ST-ZIF TITLE	TAMPA, 12 3	[] DELETE	1.4 CITY - 2.1 TITLE			Change Addition
		[] becese	2 2 NAME			
NAME STREET ASIGNESS				1 ADDRESS		
STREET ADDRESS			24 C-TY -			
CHY-ST-ZIP TITLE		TT DELETE	3 1 1016			Change
NAME		<u> </u>	3.2 NAME	-	-	
STREET ADDRESS				E1 ADDRESS		
CITY - ST - ZIP			3.4 City	1		
TITLE	<u> </u>	DELETE	4 1 117(Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	: LADORESS		
CITY - ST - ZIF			4.4 CIT1	SF ZIP		
TITLE		DELETE	5) TITLE		8000018	
NAME			5.2 NAME		-05/10/96010	J12011
STREET ADDRESS			53SIHE	I ADDRESS	***200.00	
CITY - ST - ZIP		Commence of the contract of th	5 4 CIFY -	ST-ZIP		
TITLE		DELETE	6 1 T.TU			Change Addition
NAME			6.2 NAME			200
STREET ADDRESS				1 ADDRESS		- 51
CiTY-ST-ZiP	A distant	the state of the s	64 CITY- roished and do		for the execution stated in Section 119	O'2/OVA Flacida Challitan Lifetinas

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)(s), 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 an required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96

8/3-978-8811

CRZE034 (12/95)