


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90083 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000086984
 1. Corporation Name
RMA ENTERPRISES, INC.

Principal Place of Business Mailing Address
 15856 SANCTUARY DRIVE 15856 SANCTUARY DRIVE
 TAMPA FL 33647 TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 11/09/1995

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

7. This corporation owes the current year, Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 2520 Peachtree Rd. 26 2520 Peachtree Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 #306 27 #306
 City & State City & State
 23 ATLANTA GA. 28 ATLANTA, GA.
 Zip Country USA Zip Country
 24 30305 25 30305 29 30305 30 USA

9. Name and Address of Current Registered Agent
 ALTERMAN, ROBERT
 15856 SANCTUARY DRIVE
 TAMPA FL 33647

10. Name and Address of New Registered Agent
 81 Name TARA ENGLE BRECHT
 82 Street Address (P.O. Box Number is Not Acceptable) 5431 SWEETWATER TERR. CIRCL.
 83
 84 City TAMPA FL 85 Zip Code 33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit(s) 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 *Tara Engle Brecht* DATE 3/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME ALTERMAN, ROBERT STREET ADDRESS 15856 SANCTUARY DRIVE CITY-ST-ZIP TAMPA FL 33647	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME ROBERT ALTERMAN 1.3 STREET ADDRESS 2520 Peachtree Rd. #306 1.4 CITY-ST-ZIP ATLANTA, GA. 30305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Robert Alterman* = ROBERT ALTERMAN DATE 1/26/99 DAYTIME PHONE # 404-842-0530
Signature and typed or printed name of signing officer or director

CR2E034 (1/99)