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 # **P95000094756**1. Corporation Name

RWM INVESTMENTS, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90135 050 ***150.00



Principal Place	e of Business	Mailing Address					
7350 SOUTH U.S. 1 PORT ST. LUCIE FL 34932 PORT ST. LUCIE FL 34952							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		·
					01/01/1996		
		Da Mallina Addana			4. FEI Number	An	plied For
2. Principal Place of Business 2a. Mailing Address					65-0654955	<u> </u>	t Applicable
21 8259 5. US 7 26 Suite Art # of 6					00-0004800	\$8.75	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
22					6. Election Campaign Financing		
					Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 V/ 5	Country	7in	Zip Country		This corporation owes the current ye		
== ² "2 L/ 4	. a r	30		Personal Property Tax.	∐ Yes	2XNo	
24 977	9. Name and Address of Cur		<u>301</u>		10. Name and Address of New Regist	ered Agent	-
	5. Name and Address of Cur	Tent Registered Agent		81 Name		.,,=	
THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTD							
343 ALMERIA AVENUE				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				83			
001	INE CADEEO I E GOTO-						
	-		1	84 City		FL 85 Zip (Code
	<u> </u>		<u></u> _				registered
office or r	edictored agent or both in the Sta	ate of Florida. Such change was at	ıtnonzea	by the corpora	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the ob-	ligations of, Section 607.0505, Flor	ida Statu	tes.			Ì
SIGNATURE					urred when reinstating) DA		
	Signature, typed or printed name of registered		Registered /	Agent signature req	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
12.		AND DIRECTORS	1.1 717	- -	ABBITIONS FIRM DES 1.5 ST. (SEE	Change	Addition
TITLE	PSTD	G better		i		_ ,	_
NAME	CARABBIA, RONALD		1.2 NA	REET ADDRESS			Ì
STREET ADDRESS	7350 SOUTH US 1		i				
CITY-ST-ZIP	PORT ST. LUCIE FL	☐ DELETE	1.4 CIT	Y-ST-ZIP		☐ Change	Addition
TITLE		·					
NAME			2.2 NA				{
STREET ADDRESS	·			REET ADDRESS			ĺ
CITY-ST-ZIP		LI ACLETE		ry-st-zip		☐ Change	Addition
TITLE	1	☐ DELETE	3.1 TIT			[_] Ghange	
NAME			3.2 NA	_ i			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TIT	LE		∟l ¢liange	[] Addition
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI3	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	I		☐ Change	☐ Addition
NAME	<u> </u> 		5.2 NA				
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE	•	Change	☐ Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP	1		6.4 CT	Y-ST-ZIP			

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

CHARLES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 541 879 475

CR2E034 (11/98)