

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000003846 (8)

1. Corporation Name

RM INVESTMENTS OF CENTRAL FLORIDA, INC.



Principal Place of Business 4997 NORTHWEST 56 BOULEVARD LAKE PANASOFFKEE FL 33538	Mailing Address 4997 NORTHWEST 56 BOULEVARD LAKE PANASOFFKEE FL 33538
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2501 W MAIN ST Suite, Apt. #, etc. 22 Suite 103 City & State 23 Leesburg FL Zip 24 34748		2a. Mailing Address 26 2501 W. MAIN ST. Suite, Apt. #, etc. 27 Suite 103 City & State 28 Leesburg FL Zip 29 34748		3. Date Incorporated or Qualified 01/11/1996	
		4. FEI Number 59-3350991		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GRAHAM, ROBERT E 4997 NW 56TH BLVD LAKE PANASOFFEE FL 33538		10. Name and Address of New Registered Agent 81 Name MARK SCARUTHERS 82 Street Address (P.O. Box Number is Not Acceptable) 4734 CR 141 83 84 City Wildwood FL 85 Zip Code 34785	
--	--	--	--

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both 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]* **PSTD** **4-72**
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, ROBERT E	1.2 NAME	
STREET ADDRESS	4997 NORTHWEST 56 BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUTHERS, MARK	2.2 NAME	PTD MARK S. CARUTHERS
STREET ADDRESS	4734 CR 141	2.3 STREET ADDRESS	4734 CR 141
CITY-ST-ZIP	WILDOOD FL	2.4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE: *[Signature]* **MARK SCARUTHERS** **4-22-98** **352 326 5544**

CR2E034 (10/97)