

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000006787 (1)**  
 1. Corporation Name  
**RPM PROPERTIES, INC.**



Principal Place of Business <b>4210 FIG ST. TAMPA FL 33609</b>	Mailing Address <b>4210 FIG ST. TAMPA FL 33609-2209</b>
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3. Date Incorporated or Qualified <b>01/18/1996</b>	3a. Date of Last Report <b>- N.A. -</b>
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2. Principal Place of Business 21 <b>8702 Veranda Way</b>	2a. Mailing Address 26 <b>8702 Veranda Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Tampa, FL</b>	City & State 28 <b>Tampa, FL</b>
Zip 24 <b>33635</b>	Country 25 <b>U.S.A.</b>
29 <b>33635</b>	30 <b>U.S.A.</b>

4. FEI Number <b>65-0641289</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**STEIJLEN, PAUL**  
**4210 FIG ST.**  
**TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name **PAUL STEIJLEN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8702 Veranda Way**

83

84 City **Tampa** FL 85 Zip Code **33635**

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]* **PAUL STEIJLEN** DATE **4-8-97**

Signature, last name, first name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			
TITLE	<b>President</b>	<input type="checkbox"/> DELETE	
NAME	<b>Ronald Steijlen</b>		
STREET ADDRESS	<b>602 S. Orleans</b>		
CITY-ST-ZIP	<b>Tampa, FL 33606</b>		
TITLE	<b>Vice-President</b>	<input type="checkbox"/> DELETE	
NAME	<b>Paul Steijlen</b>		
STREET ADDRESS	<b>8702 Veranda Way</b>		
CITY-ST-ZIP	<b>Tampa, FL 33635</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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]* **PAUL STEIJLEN** DATE **4-8-97**

CR2E034 (9/96)