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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000019483 (2)

RPM BUILDING ASSOCIATES, INC.

Principal Place of Business Mailing Address 300 COUNTRY ROAD 427. SUITE 306 800 COUNTRY ROAD 427. SUITE 306 LONGWOOD FL 32748 LONGWOOD FL 32746 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, 24 Yes X No 30 **Elorida Statutes** 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 .PSTD DELETE Change Addition TITLE 1.1 THE MCMENEMY, BRUCE NAME 1.2 NAME 427 SX 306 300 COUNTRY ROAD 427, SUITE 306 STREET ADDRESS 1 B STREET ADDRESS LONGWOOD FL 32746 37746 n notwood CITY-ST-ZIP 1.# CITY - ST - ZIP DELETE Change Addition TITLE 24 TITLE NAME 2.2 NAME STREET ADDRESS 2 B STREET ADDRESS CITY-ST-ZIP 2:4 CITY - ST - ZIP DELETE Change Addition TITLE 3.4 TITLE NAME 3 P NAME STREET ADDRESS **39 STREET ADDRESS** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 11TLF NAME 4 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELE 1E ___ Change ___ Addition TITLE 5.1 TITLE NAME 52 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5/4 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 62 NAME

6.3 STREET ADDRESS

64 City-\$1-2IP

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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, area an attachment with an address.

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