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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030442 (3) RM GOVERNMENT CONSULTING, INC.

Mailing Address

FILED 97 FEB 26 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA



200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301		200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301-1983			Date Incorporated or Qualified 04/08/1996	3a. Da	te of Last F	Report	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	1	N/A	pplied For
21	oo or countroot	26			65-0677353		}	ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 30	intry		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No			i, 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
	, MICHAEL H			81	Name .				
200 EAST BROWARD BLVD. 15TH FLOOR				62	Street Add	dress (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33301				83					
				84	City		FL	85 Zip	Code
office or reg agent. I am	the provisions of Sections 607.050 gistered agent, or both, in the State familiar with, and accept the oblig-	of Florida. Such change was	authorized	d by	the corpora	poretion submits this statement for the p tion's board of directors. I hereby accep	urpose of t the appo	changing l pintment as	ts registered registered
SIGNATURE S	gnarure, typed or printed name of registered age	ent and tile if applicable (NC	TE Registered	d Ape	nt signature requi	fred when reinstating)	DATÉ		
12.		D DIRECTORS	13.	<u>-</u>		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	P/D	☐ DELETE	1.1 10	TLE				Change	Addition
NAME	Krul, Michael H			1.2 NAME		-			
STREET ADDRESS 200 B. Broward Blvd.			1.3 \$1	1.3 STREET ADDRESS		9000020	וקיבו	722	
CITY - ST - ZIP	Ft. Lauderdale,	PL 33301	1.4 CI	TY-S	T-ZIP	9000020	970	1107=	022
TITLE	VP/8/T/D		2.1 TO	2.1 TITLE		非非非第16	5.00		6 5706 1100
NAME	Schuster, Carl	•	2.2 NAM						
STREET ADDRESS	200 B. Broward Blvd.			2.3 STREET ADDRESS					
CITY-ST-ZIP	Pt. Lauderdale,	PL 33301			ST- ZIP			T 65	1 (44)05.5
TITLE	VP/AS	[] DELETE	3.1 Tr					Change	Addition
NAME	Smallwood, Mary	_	3.2 N/		*DDDCCC				
STREET ADDRESS	215 S. Monroe St				ADDRESS				
CITY-ST-ZIP TITLE	Tallahassee, FL		3.4. C		ST-ZIP			Change	Addition
NAME	VP/AS	vecto	4.2 N					and a range	Name : No. 1
STREET ADDRESS	Jogerst, Brian	waat		4.3 STREET ADDRESS					
CITY-ST-ZIP	215 S. Monroe St		4.4 CI						
TIFLE	Tallahassee, FL	DELETE	5.1 %					Change	Addition
NAME	AS		5.2 N					-	
STREET ADDRESS	Lane, David	. T			ADDRESS				
CITY-ST-ZIP	200 E. Broward B	FL 33301			T-ZIP				
TITLE	LLHRUMVAMUAV.	DELETE	6.1 11			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME			6.2 NJ	AME					
STREET ADDRESS					ADDRESS	. M	1	γ_{IA}	111

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:

Daylime Prione #

CR2E034 (9/96)