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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030442 (3)

RM GOVERNMENT CONSULTING, INC.

Principal Place of Business

Mailing Address

FILED 98 APR 30 PM 12: 52

SEUNICIANTE STATE TALLAHASSEE, FLORIDA



200 EAST BROWARD BLVD. 18TH FLOOR FT. LAUDERDALE FL 33301		200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 04/08/1996			
Principal Place of Business		2a. Mailing Address 26				4. FEI Number 65-0677353		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	CR 75 Additional		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29	30	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				Ь,	10. Name and Address of New Registered Agent				
	, Michael H Ast Broward Blvd.			81	Name				
15TH FLOOR FT. LAUDERDALE FL 33301			82	2 Street Address (P.O. Box Number is Not Acceptable)					
				83	83				
				84	City	FL	85	Zip Code	
FT. LA		-02 and 607 1409. Eter	ida Statutas the a	84			85	Zip Cod	

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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agenil signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THLE Change Addition KRUL, MICHAEL H NAME 1.2 NAME 200 E. BROWARD BLVD. 200002511772--n STREET ADDRESS 1.3 STREET ADDRESS -05/05/98 --01114--014 FT. LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY - ST - ZIP **** 150.00 **** 50.00ilion VSTD DELETE TITLE 2.1 TITLE **SCHUSTER, CARL** NAME 2.2 NAME 200 E. BROWARD BLVD. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP 2. 4 CITY- \$1-2IP DELETE TITLE 3.1 TITLE Change Addition **SMALLWOOD, MARY** NAME 3.2 NAME 215 S. MONROE STREET STREET ADDRESS 33 STREET ADDRESS **TALLAHASSEE FL 32301** CITY-ST-ZIP 34. CITY-ST-ZIP **VPAS** DELETE TITLE 41 TITLE Change Addition Jogerst, Brian NAME 4 2 NAME 215 S. MONROE STREET STREET ADDRESS 4.3 STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition LANE, DAVID NAME 5.2 NAME 200 E. BROWARD BLVD. STREET ADDRESS 5.3 STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS