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

COF ANNU	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
		P9600003	1207				97 001 27	All H: 50
1. Corporatio	P96000031287 RMB, Inc.						GEORGE DE LA STATE TALLANASCE E FLORIDA	
Principal Plac	e of Business		Mailing	g Address				
2893 Wareham Ct.								
Casselberry, Fl 32707							3. Date Incorporated or Qualified	3a. Date of Last Report
A D2-1-15	No a Constitution		7 5 0	Too Address			4-5-96 4. FE I Number	
2. Principal Place of Business 2a. Mailing Address 2b Same 2c Same					,		59-3427979	Applied For Not Applicable
Suite, Apt.	#, etc.	<u></u> ⊢¬	lc. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	- t '	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip		Country	28 Zip		Count	ry	Trust f und Contribution 8. This corporation has liability for i	
24	9. Name and	Address of Curren	1 Registere	d Agent	[30]		Florida Statutes 10. Name and Address of New Reg	Yes No
					8	1 Name		
Mark Pulliam 2893 Wareham Court Casselberry, Fl 32707						ess (P.O. Box Number is Not Acceptable)		
Real City							85 7 p Code	
11 Pursuant	todie provisions	Sections 607 050	2 and 607 1	508 Florida Stati	ites, the abo	ve-named cor	poration submits this statement for the p	FL
office of	egistered agent.	or the in the State	of Florida S ations of Se	Such change was etion 607.0505, F	authorized l lorida Stalut	by the corpora	ition's board of directors. I hereby accep	the appointment as registered
SIGNATURE	-///	1	ht and the it app				ered when reinstating)	9/25/97
12.	Signature sype or or	OFFICERS AN			13.	igent signature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	Pro	esident		☐ DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	Ma		1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP		93 Wareha sselberry			1.4 CITY			
TIFLE	Ca	ssernerr)	, ,,	<u>14</u> 51 H H	2.1 TITLE 2.2 NAM		emin emin emin en in enine elimbe «hij) eli	Change Addition
NAME STREET ADDRESS						t ADORESS	-11/06 _/	79701080006
ATY-ST-ZIP						- S1 - ZIP	*****1E	KS.00 ****165.00
TYLE NAME				DELETE	3 1 1 I I L E 3.2 NAM			Change Addition
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP				DELETE		- S1 - 71P		05
TITLE NAME				DELETE	4 1 1 H L E 4 2 NAM	}		L Change Addition
STREET ADDRESS						ET ADORESS		
CITY-ST-ZIP				The second	4.4 CITY			
TITLE NAME				[_] DELETE	5 1 THLE 5 2 NAM			Change Addition
STREET ADDRESS						(1 ADORESS		
CITY-ST-ZIP				Driete	5.4 CITY			NAT Chance L Addition
TITLE NAME				L_ DELETE	6 1 111LE 6 2 NAM			Change Addition
STREET ADDRESS		_				LEADORESS		10-24-1
City-St-ZiP	by partify that the	information applies	Swile thie fil	ion does not cure	64 Cily	· · · · · · · · · · · · · · · · · · ·	d in Section 119 07/3)(i) Etarida Statutos	S further certify that the
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 in this annual report or supplemental annual report is true and accurate and that my signature shall have same logal effect as if made under eath; that I am an officer or precion of the proporation 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 12 if chapted, or on an attachment with an address.								
SIGNAT	URE	MATURE AND TYPED OF	PRINTED NEW	OF SIGNING OFFICE	R OR DIRECTO	 A	9/25/97 (9	407)696-8394



Florida Department of State Sandra B. Mortham Secretary of State Divisions of Corporations

To whom it may Concern,

Enclosed is a check for the filling fee of \$165.00. The paper work has been coming to the wrong address, as noted in the enclosed copy. Please notify me as soon as possible if this is not acceptable.

Mark Pulliam