

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathérine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 010 ***150.00

DOCUMENT # P 96000055210 (4)

1. Corporation Name

R. G. M. Affiliates, INC.

Principal Place of Business

Mailing Address

950 S. Winker Park Dr.
Suite 107
Casselberry, FL 32707

950 S. Winker Park Dr.
Suite 107
Casselberry, FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-27-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert G. Miller
431 Naitland Ave
Altamonte Springs, FL 32730

81 Name THOMAS I. OROZCO

82 Street Address (P.O. Box Number is Not Acceptable)

950 South Winker Park Dr. Suite 107

83

84

City CASSELBERRY

FL

85 Zip Code

32707

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 607.0508, Florida Statutes.

SIGNATURE

THOMAS I. OROZCO

Signature, typed or printed name of registered agent and title if applicable

(Note: Registered Agent signature required when resigning)

4/23/1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME Robert G. Miller
STREET ADDRESS 1317 Ave. del Sol
CITY-ST-ZIP Winker Springs, FL

DELETE

TITLE
NAME Bruce A. Drazen
STREET ADDRESS 612 Spreewood Cir
CITY-ST-ZIP Altamonte Springs, FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President
ILEANA G. OROZCO
1102 NW 120 Pl
MIAMI, FL 33182

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VICE President
THOMAS I. OROZCO
3912 Calibre Bend #605
Winker Park, FL 32792

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SECRETARY/TREASURER
ELIA GARCIA
3912 Calibre Bend #605
Winker Park, FL 32792

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

ILEANA G. OROZCO

4/23/99 (407) 831-7756

Date

Daytime Phone #

CR02034 (11/08)