

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000022820 (9)

1. Corporation Name  
R & M FABRICATORS, INC.



Principal Place of Business  
4554 NW 16TH TERRACE  
TAMARAC FL 33309

Mailing Address  
4554 NW 16TH TERRACE  
TAMARAC FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 9131 NW 24th Place  
Suite, Apt. #, etc.  
22  
City & State  
23 Sunrise, FL  
Zip  
24 33322  
Country  
25 USA

2a. Mailing Address  
26 9131 NW 24th PL  
Suite, Apt. #, etc.  
27  
City & State  
28 Sunrise, FL  
Zip  
29 33322  
Country  
30 USA

3. Date Incorporated or Qualified  
03/07/1997

4. FEI Number  
65-0752515  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. 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

MATHEWS, ALAN L  
4554 NW 16TH TERRACE  
TAMARAC FL 33309

*Michael P. Rush*

10. Name and Address of New Registered Agent

81 Name  
Michael P. Rush  
82 Street Address (P.O. Box Number is Not Acceptable)  
9131 NW 24th Place  
83  
84 City  
Sunrise  
FL  
85 Zip Code  
33322

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  
*Michael P. Rush*

(NOTE: Registered Agent signature required when reinstating)

DATE  
4/29/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MATHEWS, ALAN L	4554 NW 16TH TERRACE	TAMARAC FL 33309	<input checked="" type="checkbox"/>
D	RUSH, MICHAEL P	9131 NW 24TH PLACE	SUNRISE FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE  
*Michael P. Rush*

DATE  
4/29/98  
791-96170

CR2E034 (10/97)