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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000020432 1. Corporation Name

RMH GROUP, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90055 014 ***158.75



Principal Place of Business Mailing Address									
15733 NW 39TH COURT MIAMI FL 33054		15733 NW 39TH COURT MIAMI FL 33054				DO NOT WRITE IN TH	S SPACE		
						3. Date Incorporated or Qualifed 03/02/1998	e*	. ^	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26				<u>45-0821813</u>		t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		quired,	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	I	intry		8. This corporation owes the current year h	42		
24	25		30			Personal Property Tax.	Yes	□No	ı
	9. Name and Address of Currer	nt Registered Agent		04	M	10. Name and Address of New Registered	1 Agent		1
HUD	GES OF ADENCE			81	Name		2		
	GES, CLARENCE					ess (P.O. Box Number is Not Acceptable)			
	3 NW 39TH COURT			\sqcup					1
MAN	11 FL 33054			83					
				84	City		. 85 Zip (Code	1
		_			•	F:			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	ว อง เก	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pintment as re-	registered gistered	
SIGNATURE									-
	Signature, typed or printed name of registered age			Agent s	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	IRS IN 12	ĺ
12.		ND DIRECTORS	13.	n.c.	0		Change	☐ Addition	1
TITLE	D DODGES OF ADENCE	- DELETE				ZESIDENT/DIT	_	_	
NAME				1.2 NAME		DOGES, CLAMENCE	_		5
STREET ADDRESS					DOMESS 1	5733 N. W. 39 COURT	,	,	ç
CITY-ST-ZIP	MIAMI FL 33054	☐ DELETE	_	ITY-ST-	1 4 61	CE PRESIDENT	Change	Addition	{
TITLE			2.1 TI		1 2	- 454	TT awarda	7	
NAME			2.2 N		I Ko	ROBERTS, JANEET 4250 N.W. 12 STREET			
STREET ADDRESS	.		- 1		DDRESS C	NRISE, FLORIDA 33313			ļ
CITY-ST-ZIP				TY-ST	-ZIP 50	NEIBE TOUR SOLL	Change	Addition	ļ
TITLE		☐ DELETE	3.1 Ti				enunge		
NAME			3.2 N						
STREET ADDRESS			3.3 \$	TREETA	ADDRESS				
CITY-ST-ZIP				TZ-YTK	-ZIP		☐ Change	Addition	1
TITLE		☐ DELETE	4 1 TI				□ Change	[_] Addition	
NAME			4.2 N		1		•		
STREET ADDRESS			4.3 S	TREET	NODRESS				
CITY-ST-ZIP				ITY-ST-	ZIP		Change	Addition	
TITLE	5.	DELETE	5.1 TI				. Light		i
NAME			5.2 N		, ppp coc		. *		
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP				ITY-ST-	∠IP		Channa	Addition	1
TITLE		☐ DELETE	6.1 TI		}		Change		1
NAME			6.2 N						
STREET ADDRESS		/	6.3 S	TREET A	ADDRESS	•			1

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 frue 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 exporation or the receiver or trusted 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: