
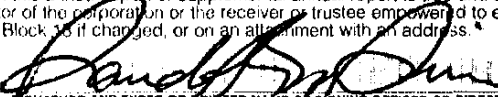


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 14 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |          |                                                                                                                                                                | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                        |  |
| <b>DOCUMENT # S38108 (4)</b><br>1. Corporation Name<br><b>RANDCO R.M.I., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| Principal Place of Business<br><b>593 SOUTHEAST WHITMORE DRIVE</b><br><b>PORT ST. LUCIE FL 34984</b><br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                           | Mailing Address<br><b>593 SOUTHEAST WHITMORE DRIVE</b><br><b>PORT ST. LUCIE FL 34984-4563</b><br><b>US</b>                                                     |                                                                                                                                                         |  |
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |                                                                                                                                                                | <b>3. Date Incorporated or Qualified</b><br><b>03/15/1991</b>                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                           |                                                                                                                                                                | <b>3a. Date of Last Report</b><br><b>08/21/1996</b>                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                           |                                                                                                                                                                | <b>4. FEI Number</b><br><b>65-0258232</b>                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                           |                                                                                                                                                                | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                           |                                                                                                                                                                | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                           |                                                                                                                                                                | <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>9. Name and Address of Current Registered Agent</b><br><b>IRWIN, RANDOLPH M</b><br><b>593 SE WHITMORE DRIVE</b><br><b>PORT ST. LUCIE FL 34984</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                           | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |                                                                                                                                                         |  |
| <b>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.</b>                                                                                                                                                                     |                                           |                                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| SIGNATURE _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                           | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                   |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>D</b> <input type="checkbox"/> DELETE  | 1.1 TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>IRWIN, RANDOLPH M.</b>                 | 1.2 NAME                                                                                  |                                                                                                                                                                |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>593 SOUTHEAST WHITMORE DRIVE</b>       | 1.3 STREET ADDRESS                                                                        |                                                                                                                                                                |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PORT ST. LUCIE FL</b>                  | 1.4 CITY-ST-ZIP                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>LAFLAMME, PIERRE</b>                   | 2.2 NAME                                                                                  |                                                                                                                                                                |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1710 FILLMORE ST</b>                   | 2.3 STREET ADDRESS                                                                        |                                                                                                                                                                |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>HOLLYWOOD FL</b>                       | 2.4 CITY-ST-ZIP                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>VP</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>IRWIN, MELVIN G</b>                    | 3.2 NAME                                                                                  |                                                                                                                                                                |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>62259 DELANCEY LANE</b>                | 3.3 STREET ADDRESS                                                                        |                                                                                                                                                                |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PT. ST. LUCIE FL 34984</b>             | 3.4 CITY-ST-ZIP                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DELETE           | 4.1 TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | 4.2 NAME                                                                                  |                                                                                                                                                                |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | 4.3 STREET ADDRESS                                                                        |                                                                                                                                                                |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 4.4 CITY-ST-ZIP                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DELETE           | 5.1 TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | 5.2 NAME                                                                                  |                                                                                                                                                                |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | 5.3 STREET ADDRESS                                                                        |                                                                                                                                                                |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 5.4 CITY-ST-ZIP                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DELETE           | 6.1 TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                                                         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | 6.2 NAME                                                                                  |                                                                                                                                                                |                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | 6.3 STREET ADDRESS                                                                        |                                                                                                                                                                |                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 6.4 CITY-ST-ZIP                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| <b>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 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.</b> |                                           |                                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |
| <b>SIGNATURE:</b>  <b>RANDOLPH M. IRWIN</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                           |                                                                                                                                                                |                                                                                                                                                         |  |



CR2E034 (9/96)

Date

Daytime Phone #

4-26-97 561-340-7762