

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S91231 (8)

1. Corporation Name
RMC INTERACTIVE, INC.



Principal Place of Business 1753 NORTHGATE BLVD. SARASOTA FL 34234 US	Mailing Address 1753 NORTHGATE BLVD. SARASOTA FL 34234 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/31/1991	4. FEI Number 65-0298282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**KIRTLEY, WILLIAM T NEW ADDRESS
 2014 4TH STREET 2940 S. Tamiami Trail
 SARASOTA FL 34237 Sarasota, FL 34239**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTCD	<input type="checkbox"/> DELETE
NAME	COUNTRYMAN, FRANK L	
STREET ADDRESS	1753 NORTHGATE BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	KIRTLEY, WILLIAM T.	
STREET ADDRESS	2940 S TAMIA MI TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINEHAN, THOMAS E	
STREET ADDRESS	1753 NORTHGATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, JAMES	
STREET ADDRESS	1753 NORTHGATE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATTERSON, JAMES A	
STREET ADDRESS	2612 TANGLEWOOD DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Macrae, David	
1.3 STREET ADDRESS	1753 Northgate Blvd.	
1.4 CITY-ST-ZIP	Sarasota, FL 34234	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Christ Janer, Arland	
3.3 STREET ADDRESS	1753 Northgate Blvd.	
3.4 CITY-ST-ZIP	Sarasota, FL 34234	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Van Praag, Robert	
4.3 STREET ADDRESS	1753 Northgate Blvd.	
4.4 CITY-ST-ZIP	Sarasota, FL 34234	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* FRANK L. COUNTRYMAN 4/30/98 44-355-7201

CR2E034 (10/97)