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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90109 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S91231

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1991

4. FEI Number

65-0298282

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

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

Yes No

9. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T
2940 S. TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARLAND, CHRIST J	
STREET ADDRESS	1753 NORTHGATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VAN, PRAAG R	
STREET ADDRESS	1753 NORTHGATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATTERSON, JAMES A	
STREET ADDRESS	2612 TANGLEWOOD DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACRAE, DAVID	
STREET ADDRESS	1753 NORTHGATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34234	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2067 CONSTITUTION BLVD.
1.4 CITY-ST-ZIP	SARASOTA, FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Frank Countryman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

941-365-6826
Daytime Phone #

CR2E034 (1/98)