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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V43391** (4)
 1. Corporation Name
RCM SERVICES, INC.



Principal Place of Business: **798 BERKLEY STREET BOCA RATON FL 33487**
 Mailing Address: **798 BERKLEY STREET BOCA RATON FL 33487-2448**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **06/11/1992**
 3a. Date of Last Report: **03/26/1996**
 4. FEI Number: **65-0339303**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MCKIE, RONALD H
798 BERKLEY STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 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: *RH McKie* **RH MCKIE PRESIDENT** DATE: **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCKIE, RONALD H	1.1 TITLE	
NAME	MCKIE, RONALD H	1.2 NAME	
STREET ADDRESS	798 BERKELEY STR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	1.4 CITY - ST - ZIP	
TITLE	VTS MCKIE, COLETTE	2.1 TITLE	
NAME	MCKIE, COLETTE	2.2 NAME	
STREET ADDRESS	798 BERKELEY STR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *RH McKie* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **4/30/97** Daytime Phone #: **561 241 3825**

CR2E034 (9/96)