

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

**FILED**

**Jun 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **V43391** (4)

1. Corporation Name  
**RCM SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**798 BERKLEY STREET  
BOCA RATON FL 33487**

Mailing Address  
**798 BERKLEY STREET  
BOCA RATON FL 33487**

3. Date Incorporated or Qualified  
**06/11/1992**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 **212 HOLLINS LANE**  
Suite, Apt. #, etc.

22 **#**

23 **ARNOLD MD**  
City & State

24 **21012** 25 **ANN ARUNDEL** 29 **21012** 30 **ANN ARUNDEL**  
Zip Country

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

81 Name **Robert BRANSTETTER, JR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**400 S. DIXIE HIGHWAY, SUITE 423**

83

84 City **BOCA RATON** FL 85 Zip Code **33487**

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 *Robert Branstetter, Jr.* DATE **6/8/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>MCKIE, RONALD H</b>	
STREET ADDRESS	<b>798 BERKELEY STR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/>
NAME	<b>MCKIE, COLETTE</b>	
STREET ADDRESS	<b>798 BERKELEY STR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>MCKIE, RONALD H</b>		
13 STREET ADDRESS	<b>212 HOLLINS LANE</b>		
14 CITY-ST-ZIP	<b>ARNOLD MD 21012</b>		
21 TITLE	<b>VTS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>MCKIE, COLETTE</b>		
23 STREET ADDRESS	<b>212 HOLLINS LANE</b>		
24 CITY-ST-ZIP	<b>ARNOLD, MD 21012</b>		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 *Rd McKie* DATE **6/12/98** **4105444698**

CR2E034 (10/97)