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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J78638**

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90027 034 ***150.00

1. Corporation Name		?						
J.R.B.J., INC.								
	\$ 3	•						
	<u> </u>							
Principal Place of Business	3		Mailing Address					
% RONALD L. RUSSI	- Pro	. 9	% RONALD L. RUSSI			,		
2626 IROQUOIS AVENUE	\$4 64 65		2626 IROQUOIS AVENUE SANFORD FL 32773			DO NOT WRITE IN	THIS SPACE	
SANFORD FL 32773	5万 3 7		DANLOUD LE 25/12			3. Date Incorporated or Qualifed		
	<u> </u>					06/19/1987	•	
2. Principal Place of Busines	ss	. 12	2a, Mailing Address	-		4. FEI Number	Ap!	olied For
21	 +o	, Е				59-2814352	X No	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 A	dditional
22		27	7			5. Certifcate of Status Desired	Fee Re	quired
City & State		- 1	City & State			6. Election Campaign Financing	\$5.00	May Be
23	• •	- 28	3			Trust Fund Contribution	Added to	Fees ,
Zip	Country	. L	Zip	Coun	itry	8. This corporation owes the current year		
24 2		29		30		Personal Property Tax.		□No
9, Name a	nd Address of Curre	nt Reg	jistered Agent		81 Name	10. Name and Address of New Registe	red Agent	
RUSSI, RONALD		7 3	•					
2626 IROQUOIS		<u>:</u>			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SANFORD FL 32		3		-		7. 2. 2. 4. 4. 4. 4. 14. 14. 14. 14. 14. 14. 14	*24 * 2 * .	
SANFORD FL 32					83			
	***				84 City	2 2 3 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip C	ode
the state of the s	·-	•				poration submits this statement for the purpos		
12.	printed name of registered age OFFICERS AI			13.	Agent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE D	· · · · · · · · · · · · · · · · · · ·	3	☐ DELETE	1.1 TITL	LE		Change	☐ Addition
NAME RUSSI, RO				1.2 NA	ME			
	uois avenue		·	1.3 STF	REET ADDRESS			
CITY-ST-ZIP SANFORD	FL			1.4 CIT	Y-ST-ZIP			
TITLE D	•	- .	☐ DELETE	2.1 TIT	le l		 	
	SEPH FRANCIS				_		☐ Change	☐ Addition
	uois avenue			2.2 NA			☐ Change	☐ Addition
CITY-ST-ZIP SANFORD				l			☐ Change	☐ Addition
TITLE OF STATE OF STA	FL :			2.3 STF 2. 4 CIT	ME REET ADDRESS IY-ST-ZIP			
NAME	<u>FL</u>	<u>.</u>	□ DELETE	2.3 STF 2.4 CIT 3.1 TITI	ME REET ADDRESS IY-ST-ZIP LE		☐ Change	
	FL 12	<u>.</u>	. DELETE	2.3 STF 2.4 CH 3.1 TITI 3.2 NA/	ME REET ADDRESS IY-ST-ZIP LE			
STREET ADDRESS	FL 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		. DELETE	2.3 STF 2.4 CH 3.1 TITI 3.2 NA/ 3.3 STF	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS			
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CITY-ST-ZIP			☐ DELETE	2.3 STF 2.4 CH 3.1 TITI 3.2 NA/ 3.3 STF 3.4 CH 4.1 TITI 4.2 NA/ 4.3 STF	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS		☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 STF 2. 4 CII 3.1 TIII 3.2 NA/ 3.3 STF 3.4 CII 4.1 TIII 4.2 NA/ 4.3 STF - 4.4 CII 5.1 TIII	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition
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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 suppliemental annual report is told 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 trusted enpowered 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: