

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

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**Mar 24 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 # P95000070223 (9)**

1. Corporation Name  
**RCJ BUILDERS, INC.**



Principal Place of Business:  
**412 ANCHORAGE LANE  
NORTH PALM BEACH FL 33408**

Mailing Address  
**412 ANCHORAGE LANE  
NORTH PALM BEACH FL 33408-4806**

3. Date Incorporated or Qualified: **09/12/1995**  
3a. Date of Last Report: **08/19/1996**

21	2. Principal Place of Business State, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4.	FEI Number <b>65-0608343</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State <b>Loxahatchee, Fl 33470</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip <b>33470</b>	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SPIEGEL, LAWRENCE J  
AMERILAWYER, CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLOTHIER, RUSSELL W JR.</b>	1.2 NAME	<b>Clothier, Russell W, Jr.</b>
STREET ADDRESS	<b>1105 NORTHWEST 81ST TERRACE</b>	1.3 STREET ADDRESS	<b>15322 63rd Place North</b>
CITY- ST- ZIP	<b>PLANTATION FL 33322</b>	1.4 CITY- ST- ZIP	<b>Loxahatchee, Fl 33470</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)