


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

FILED
Jan 30 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 # P97000035133 (2) 1. Corporation Name RJVI, INC.					
Principal Place of Business 4400 GULFSHORE DRIVE NORTH SUITE 402 NAPLES FL 34103			Mailing Address 4400 GULFSHORE DRIVE NORTH SUITE 402 NAPLES FL 34103		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 4400 GULFSHORE BLVD. NORTH Suite, Apt. #, etc. 22 SUITE 402 City & State 23 Zip 24		2a. Mailing Address 26 4400 GULFSHORE BLVD. NORTH Suite, Apt. #, etc. 27 SUITE 402 City & State 28 Zip 29		3. Date Incorporated or Qualified 04/17/1997 4. FEI Number 65-0763933 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent VICTOR, RONALD P 4400 GULFSHORE DRIVE NORTH SUITE 402 NAPLES FL 34103			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4400 GULFSHORE BLVD. NORTH 83 SUITE 402 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0592 and 607.1509, 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 607.0595, Florida Statutes. SIGNATURE <i>[Signature]</i> 1-12-98 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 D NAME VICTOR, RONALD P STREET ADDRESS 4400 GULFSHORE DRIVE NORTH, SUITE 402 CITY-ST-ZIP NAPLES FL 34103 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE			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 4400 GULFSHORE BLVD. NORTH, SUITE 402 1.4 CITY-ST-ZIP 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.

SIGNATURE:

[Signature] RONALD P VICTOR 1-12-98

CR2E034 (10/97)