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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90145 036 ***150.00

DOCUMENT # P97000035133

i. Corporation	n Maille						
RJVI, INC	C.						
Principal Place of Business Mailing Address					- I LOUILUOT LEO LOSTA SUULT UUTIL HOILE KULET L	IBIBB (IIIB) BIIDI IIBBB	11100 (111 100)
4400 GULFSHORE DRIVE NORTH 4400 GULFSHORE DRIVE NORTH							
SUITE 402 SUITE 402					DO NOT WRITE IN	THE CDACE	
NAPLES FL 34103 NAPLES FL 34103 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
•					04/17/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					65-0763933	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22		27			3. Certificate of Status Desired	Fee Re	quired
City & State	е	⊢ ′	City & State		6. Election Campaign Financing \$5.00 May Be		
23 Zin	Country Zip Co				Trust Fund Contribution	Added to	o Fees
Zip				'	 This corporation owes the current year Personal Property Tax. 		□No
24	9. Name and Address of Curr		30		10. Name and Address of New Registe		
	or reality and reality of the control of the contro	on regional our rigani	81	Name		,	
VICTOR, RONALD P				Street Add	(D.O. Davidinalia)		
4400 GULFSHORE DRIVE NORTH				Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 402							
NAPLES FL 34103				84 City 85			oho.
				84 City FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the purpos	e of changing its	registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes	ine corporati	on's board of directors. I hereby accept the a	politiment as reg	jistereu
SIGNATURE							
12.				nt signature require	ad when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	-	DS IN 12
TITLE			13.		ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
NAME			1.2 NAME				_
STREET ADDRESS	l ain access anno communication			T ADDRESS			
CITY-ST-ZIP	ALLEMAN DI ANNA			T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				Ì
STREET ADDRESS			2.3 STREET	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST- ZIP			
TITLE		☐ DELETE	4.1 T/TLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				ļ
CITY-ST-ZIP		□ ociete	4.4 CITY-S	T-ZIP		— Chana	(m) Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change	Addition
				ADDRESS			-
STREET ADDRESS			J.J. DIREC	nouness]			1.

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 frue 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 occiver 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 a statishing and properly other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Ronald P. Victor, President

2/1/99

Change

Addition