SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

SIGNATURE:

in Block 12 or Block 13 if changed, or on

P97000052534

R & J EVENTS CORPORATION

Principal Place of Business Mailing Address 402 APT. D WIMBLETON COURT 402 APT. D WIMBLETON COURT TAMPA FL 33604 TAMPA FL 33604 3. D 2. Principal Place of Business 2a. Mailing Address 4. F. 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. C 22 27 City & State -City & State 6. El 23 28 Ti Zip Country Zip Country 8. Th 24 29 25 30 In 9. Name and Address of Current Registered Agent 10. N 81 Name SOTO, JOSE R 82 Street Address (P.O 402 APT D WIMBELTON CT TAMPA FL 33604 83 84 City Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sub office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE DELETE SOTO, JOSE R 1.2 NAME NAME 402 APT. D WIMBLETON COURT STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33604 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE DST 2.1 TITLE DOHNERT, JANICE NAME 2.2 NAME 402 APT. D WIMBLETON COURT STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33604** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE - _ DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE ___ DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE ___ DELÉTE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not call 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 people 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 optics expowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears

REQUIRED

an attachment with

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90017 037 ***550.00

DO NOT WRITE IN THIS SPACE ate Incorporated or Qualified	
06/13/1997	
El Number 5 9-3450921	Applied For Not Applicable
ertificate of Status Desired	\$8.75 Additional Fee Required
ection Campaign Financing rust Fund Contribution	\$5.00 May Be Added to Fees
nis corporation owes the current year tangible Personal Property. arne and Address of New Registe	Yes No
ame and Address of New Registe	ered Agent
. Box Number is Not Acceptable)	
	FL 85 Zip Code
omits this statement for the purpose d of directors. I hereby accept the a	of changing its registered ppointment as registered
	TE
DITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
	Change C Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition
·	Change Addition