

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 357453 (0)

1. Corporation Name

R J INDUSTRIES INC



Principal Place of Business

Mailing Address

6930 BOTTLE BRUSH DR  
HIALEAH FL 33014  
US

P O BOX 4866  
HIALEAH FL 33014-866  
US

3. Date Incorporated or Qualified

12/30/1969

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 6930 Bottle Brush Drive  
Suite, Apt. #, etc.

26 P.O. Box 4866  
Suite, Apt. #, etc.

4. FEI Number

59-1278959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

23 City & State

27 City & State

23 Miami Lakes, FL

27 Miami Lakes, FL 33014-4866

24 Zip

25 Country

29 Zip

30 Country

24 33014

25 USA

29 33014-4866

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, JANET  
6930 BOTTLE BRUSH DR.  
HIALEAH FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Miami Lakes

FL

85 Zip Code

33014

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

Signature typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
BLAKE, ROBERT  
STREET ADDRESS 6930 BOTTLE BRUSH DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME SD  
BLAKE, JANET  
STREET ADDRESS 6930 BOTTLE BRUSH DR  
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME VD  
KLEINBART, MARTIN  
STREET ADDRESS 3640 YACHT CLUB SDR STE 1010  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)