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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357453

(0)

R J INDUSTRIES INC

SIGNATURE:

FILED
Jan 23 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address PO BOX 4866 940 NW 2015T WAY MIAMI LAKES FL 33014-4866 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1969 4. FEI Number Applied For Not Applicable 59-1278959 Suite, Apt. #, etc. \$8.75 Additional Suite Ant # etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zìp 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent BIAKE JANET BLAKE, JANET 940 NW 201 WAY PEMBROKE PINES FL 33029 3300 NEWADDRESS 85 310 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE Addition 1.1 TITLE **BLAKE, ROBERT** 12 NAME NAME 940 NW 201 WAY 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE SD TITLE 2.2 NAME **BLAKE, JANET** NAME 940 NW 201 WAY 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 2. 4 CITY - ST - ZIP CITY - ST - ZIP Change □ Addition DELETE 3.1 TITLE TITLE KLEINBART, MARTIN 3.2 NAME NAME 3640 YACHT CLUB SDR STE 1010 3.3 STREET ADDRESS STREET ADDRESS N MIAMI FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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.

HEGUIRED