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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 589181

(7)

RO-JAM OF BREVARD COUNTY, INC.

FILED Jan 15 1998 8:00am Secretary of State



					i diad al'ali biati d		
Principal Place of Business Mailing Address							
C/O JAMES MORGAN C/O JAMES MORGAN							
413 LINCOLN AVE. CAPE CANAVERAL FL 32920	413 LINCOLN AVE. CAPE CANAVERAL FL 32920		•	DO NOT WRITE IN THIS SPACE			
ONI E UNIMPERINE LE 02020			3.	3. Date Incorporated or Qualified			
				10/12/1978			
2. Principal Place of Business	2a. Mailing Address		4.	FEI Number	· · · · · · · · · · · · · · · · · · ·	IAD	plied For
21 26			İ	59-1909576			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				** ************************************	П	\$8.75	
22 27			5.	Certificate of Status Desired	Ц	Fee Re	quired
City & State	City & State			Election Campaign Financing	1	\$5.00	May Be .
23	28			Trust Fund Contribution		Added t	
Zip Country	Zip	Country	8.	This corporation owes or has	paid the curre	nt year Int	angible
24 25	29	30		Personal Property Tax due Ju			No
9. Name and Address of Current	Registered Agent		10.	Name and Address of New	Registered A	gent	
MORGAN, JAMES E.		81 Na	ame				
413 LINCOLN AVENUE			root Address (S	P.O. Box Number is Not Accep	table)		
CAPE CANAVERAL FL 32920			GEL MUDIESS (F	.O. BOX Number is Not Accep	nable)		
						l l_ : _ 4	.
		84 Ci	ty		FL	85 Zip (Jode
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nar	med corporation	n submits this statement for th	e purpose of c	hanging it	s registered
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.							
	ioria di, decilori doviscoc, i loi	ica ciatures.					
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered Agent sig	nature required when	reinstating)	DATE		
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF			S IN 12
TITLE P	DELETE	1.1 TITLE			Ē	Change	Addition
NAME WITEK, ROMAN J.		1.2 NAME					
STREET ADDRESS 5801 RIDGEWOOD AVE. UNIT	#3	1.3 STREET ADDR	(ESS				
CITY-ST-ZIP COCOA BEACH FL		1.4 CITY - ST - ZIP	.				
TITLE ST	DELETE	2.1 TITLE				Change	Addition
NAME MORGAN, JAMES E		2.2 NAME					1
STREET ADDRESS 413 LINCOLN AVE		2.3 STREET ADDR	IESS				ł
CITY-ST-ZIP CAPE CANAVERAL, FL 00000		2. 4 CITY - ST - ZIF	ì				-
TITLE	☐ DELETE	3.1 TITLE				Change	Addition
NAME		3,2 NAME	İ				
STREET AODRESS		3,3 STREET ADDR	IESS				
CITY-SI-ZIP		3.4. CITY - ST- ZIP					
TITLE	DELETE	4.1 TITLE				Change	Addition
NAME		4. 2 NAME			_	•	
STREET ADDRESS		4.3 STREET ADDR	KESS				
CITY-SI-ZIP		4.4 CITY - ST - ZIP					
TITLE	☐ DELETE	5.1 TITLE				Change	Addition
NAME		5.2 NAME	}		-		
STREET ADDRESS		5.3 STREET ADDR	1566				
CITY - ST - ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			1	Change	Addition
						0.101190	
NAME		6.2 NAME	nego				}
STREET ADDRESS		6.3 STREET ADDR					ļ
CITY-ST-ZIP 14 hereby certify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP		on 110 07/9\/i) Elerida Statutor	1 further corti	6, that the	information.

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oade under

784-0024