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

PROFIT CORPORATION ANNUAL REPORT

1999

DRURY, RONALD T



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # G79597

1. Corporation Name

R.J.D. UNLIMITED, INC. Mailing Address Principal Place of Business 5951 N.W. 151 ST., STE, #108 5951 N.W. 151 ST., STE. #108 MIAMI LAKES FL 33019 MIAMI LAKES FL 33019 2. Principal Place of Business Mailing Address 2a. 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 23 28 Country Country Zip Zip 30 25 29 24

9. Name and Address of Current Registered Agent

## FILED Jan 26, 1999 8:00 am Secretary of State

01-26-1999 90043 040 \*\*\*158.75



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

<u>₽</u>160

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 01/20/19844. FEI Number

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

59-2440478

5951 NW 151 ST., STE. #108				Street Address (P.O. Box Number is Not Acceptable)					
·							20,000		
MIAMI LAKES FL 33014									
			84	City			FL	B5 Zip Ci	ode
44 Disease	to the provisions of Sections 607.0502 and 607.1	FOR Florida Statutes	the above	named o	ornoration submits this st	atement for the	numose of cha	anging its r	egistered
office or re	egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Sec	uch change was auth	orized by t	he corpor	ation's board of directors	. I hereby accep	t the appointm	ent as reg	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	rable (NOTE: Re	gistered Agent	signature reg	guired when reinstating)		DATE	<u></u>	
			13.		ADDITIONS/CH		ICERS AND	DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1.1 TITLE	T	4.44			] Change	Addition
NAME	DRURY, RONALD T		1.2 NAME						1
STREET ADDRESS	5951 NW 151 ST., SUITE 108		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33014		14 CITY-ST	-ZIP [_					
TITLE	VP	☐ DELETE	2.1 TITLE					] Change	☐ Addition
NAME	DRURY, JUDITH C		2.2 NAME						ļ
STREET ADDRESS	5951 NW 151 ST., SUITE 108		2.3 STREET	ADDRESS					İ
CITY-ST-ZIP	MIAMI LAKES FL 33014		2. 4 CITY-ST	r-zip					
TITLE		☐ DELETE	3.1 TITLE					] Change ·	☐ Addition }
NAME			3.2 NAME	-					
STREET ADDRESS			3.3 STREET	ADDRESS			1111	1	
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TITLE		☐ DELETE	4.1 TITLE			- 1:	.,, [	Change '	☐ Addition
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STREET ADDRESS			4.3 STREET	ADDRESS		*			į
CITY-ST-ZIP			4.4 CITY-ST	- ZIP	·				
TITLE		☐ DELETE	5.1 TITLE			•		] Change	. Addition
NAME			5.2 NAME		•				ļ
STREET ADDRESS			5.3 STREET	ADDRESS )		•			1
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		DELETE	6.1 TITLE					] Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET					1	J
CITY-ST-ZIP		<del></del>	6.4 CITY-ST	_	, , , , , , , , , , , , , , , , , , , ,			45 -4 45 - 1	
14. I hereby d	certify that the information supplied with this filing	does not qualify for th	e exemption	on stated	In Section 119.07(3)(i), F	onda Statutes. I Jegal effect as if	rurther certify	tnat the in ath: that I	iormation am an

81 Name

1. Thereby certify that the information supplied with this faining does not qualify for the exemption stated in Section 119.07(3)), Fiolida Statutes, 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

Date | 11/99/305) 831-4754

CR2E034 (11/98)