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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

G83862

(4)

RJL EN	ITERPRISES OF COLLIER (	COUNT	ΓY, INC.							
Principal Plac	e of Business	М	ailing Address		•		1 1001/11 0001 10:100 11/0/10 10 11/0		HIE OADER ONDER WAL	
5269 GOLDEN GATE PKWY 5269 GOLDEN GATE PKWY NAPLES FL 33999 NAPLES FL 33999				KWY			DO NOT WRIT	E IN TUR	S SDACE	
							3. Date Incorporated or Qualified		SOFACE	
							02/08/1984			
2. Principal P	face of Business	28.	Mailing Address				4. FEI Number			pplied For
21		26				59-2385673			Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.			,	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees			
Zip	Country	1	Zip	Cou	ntry		8. This corporation owes or has p	aid the c		
24 34	116 25	29	34116	30			Personal Property Tax due Jun			□No
	9. Name and Address of Curre	nt Regis	tered Agent		. ,		10. Name and Address of New R	egistere	J Agent	
LAI	NDY, PAMELA				<b>81</b> Na	me				
3340 TIMBERWOOD CIR.					82 Street Address (P.O. Box Number is Not Acceptable)					
NA	PLES FL 33942									
					83					
				ŀ	<b>84</b> Cit	v			85 Zip	Code
						·	FL   34109			
office or reagent. I as	to the provisions of sections our estimates egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florid ations of	or 1996, Florida Stat da Such change war f, Section 607.0505, I	ules, the at s authorized Florida Stat	ove-nar i by the utes.	corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose ept the ap	or changing i pointment as	its registered s registered
SIGNATORE	Signature, typed or printed name of registered ap	ent and title	d'applicable (N	O1E Registered	Agent sign	ature require	ed when reinstating)	DATE		
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	DST		☐ DELETE	1.1 TH	ΤE				<b>Change</b>	Addition
NAME	LANDY, ROBERT J.			1.2 NA	ME					
STREET ADDRESS	9672 LITCHFIELD LANE			1.3 ST	REET ADDR		2111.0			
CITY-ST-ZIP	NAPLES FL		T occes		Y-ST-ZIP		34109		/a	
TITLE	DP DAMES		☐ DELETE	2.1 TH					Change	Addition
NAME	LANDY, PAMELA			2.2 NA						
STREET ADDRESS	\$340 TIMBERWOOD CIR.				reet addri		4109	. 1		
CITY-ST-ZIP TITLE	NAPLES FL		DELETE	2. 4 CI 3.1 TIT	TY-ST-ZIP				Change	Addition
NAME				3.1 NA					- onange	
STREET ADDRESS					imie Reet addri					
CITY-ST-ZIP				1	TY-S1-ZIP					
TITLE			DELETE	4.1 TiT			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				4. 2 N						
STREET ADDRESS					reet addri	ess				
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			DELETE	5.1 TIT				·- · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME				5.2 NA					•	
STREET ADDRESS					REET ADDRI	ESS				
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			DELETE	6.1 TIT			1		☐ Change	Addition
NAME	•			6.2 NA	ME					
STREET ADDRESS				63 ST	REE1 ADDRE	SS				
CITY OT 7ID				0.4.00	V 61 70					

14. Thereby certify that the information supplied with this filing 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 eddress.

ROBERT J. LANDY 4/20191-