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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G83862

1. Corporation Name

RJL ENTERPRISES OF COLLIER COUNTY, INC.

Principal Place of Business Mailing			ing Address								
5269 GOLDEN GATE PKWY			5269 GOLDEN GATE PKWY								
NAPLES FL 34116 US			NAPLES FL 34116 US				DO NOT WRITE IN THIS SPACE				
03						Ì	3. Date Incorporated or Qualifed				
							1	02/08/1984			
2. Principal Pi	lace of Business	2a.	Mailing Address			-		4. FEI Number		Ар	plied For
21		26						59-2385673		Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			dditional
22		27						5. Communic of Charles Doorlook		Fee Re	
City & State	е		City & State					6. Election Campaign Financing			May Be
23		28	_					Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes the current year li	ntangib! ∏ Y	e	ENo
24	25	29		30			i	Personal Property Tax. 10. Name and Address of New Registered			ENO
 	9. Name and Address of Curre	nt Regist			81	Name		10. Name and Address of New Registerer	ı Ağen	-	
ΙΔΝΙ	DY, PAMELA		_ 	٠.	٠.	 					
3340 TIMBERWOOD CIR.					82 Street Address (P.O. Box Number is Not Acceptable)						
	LES FL 34109	•		-	83	ř——					
14731	-					l					
					84	City		F	85	Zip C	Code
11 Dumunt	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statu	tes the at	nove	-named	COTDOT	ation submits this statement for the purpose of	of chan	l ging its	registered
office or n	egistered agent, or both, in the State	of Florida	a. Such change was a	authonzed	by 1	tne corpo	oration'	s board of directors. I hereby accept the app	ointmer	it as reg	gistered
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, FIG	onda Statu	ites.						
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if	applicable (NOT)	F: Registered	Agen	t signature #	equired w	hen reinstating) OATE			
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFICERS A	ND DI	RECTO	RS IN 12
TITLE	DST		☐ DELETE	1.1 TIT	LΕ		[Change	☐ Addition
NAME	LANDY, ROBERT J.			1.2 NA	ME	1					
STREET ADDRESS	9672 LITCHFIELD LANE			1.3 ST	REET	ADDRESS					1
CITY-ST-ZIP	NAPLES FL 34109			1.4 CFI	TY-\$1	r-ZIP					
TITLE	DP		☐ DELETE	2.1 TIT		\neg				Change	☐ Addition
NAME	LANDY, PAMELA			2.2 NA	ME						
STREET ADDRESS	3340 TIMBERWOOD CIR.			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34109		٥	2.4 C		ì	`	• •		~	
TITLE			☐ DELETE	3.1 TT	ΓLE					Change	☐ Addition
NAME				3.2 NA	ME						Ì
STREET ADDRESS				3.3 ST	REET	r address	ŀ				
CITY-ST-ZIP	'			3.4. CI	TY-\$	ıT-ZIP	İ				
TITLE			☐ DELETE	4.1 TIT	LE					Change	☐ Addition
NAME				4.2 N	AME			•			
STREET ADDRESS	-			4.3 ST	REET	r address					
C/TY-ST-ZIP				4.4 CT	TY-ST	r-ZIP					
TITLE			☐ DELETE	5.1 TII	ΠE					Change	Addition
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 ST	REET	T ADDRESS					
C/TY-ST-ZIP	` -			5.4 CF	TY-S1	r-ZIP					
TITLE			☐ DELETE	6.1 T	LLE					Change	Addition
NAMÉ				6.2 NA	WE						
CTREET ADOREGO	in at mill the late			6.3 ST	REET	TADDRESS					

14. I hereby 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90088 021 ***150.00