03-08-1999 90043 041 \*\*\*150.00

## 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 # H03182**

RSJ & ASSOCIATES, INC.							1811 BIRN BIRN 1881
Principal Place	of Business	Mailing Address					
					•		
2651 MC CORMICK DRIVE 2651 MC CORMICK DRIVE SUITE 200 SUITE 200							
CLEARWATER FL 34619 CLEARWATER FL 34619					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/11/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26				59-2416828		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
		27	<del></del>				e Required
City & State City & State			-6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
			Country	/	8. This corporation owes the curr		
24 35/51 25 29 35/51 30					Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current	Registered Agent		Maria	10. Name and Address of New F	tegistered Agent	
DAV	NIT RICHARD W		81	Name			
PAYANT, RICHARD W. 2651 MC CORMICK DRIVE			82	Street Ad	dress (P.O. Box Number is Not Accepta	able)	
	E 200		83				
CLEARWATER FL 34619				City		85	Zip Code
	*		84	City		FL  °°	Zip Code
office or re	to the provisions of sections our registered agent, or both, in the State of the familiar with, and accept the obligations of the state of the section of th	of Florida. Such change was authorions of, Section 607.0505, Florida	Statutes	tne corpora s.	propration submits this statement for the ation's board of directors. I hereby acception with the statement of the ation's board of directors. I hereby acceptions to the statement of the statem	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF		
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Cha	nge
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.2 NAME				
OTTAL TABLETO				TADDRESS			Ì
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP		☐ Chai	nge Addition
TITLE			2.1 TITLE	-		LI OHAI	ige [] Addition
NAME	PAYANT, RICHARD W.				1		
STREET ADDRESS	2651 MC CORMICK DR. #200			T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		☐ Chai	nge Addition
TITLE		C. Deceic	3.2 NAME			بينا 	,
NAME OTOTET ADODESO				ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	OI EII			inge Addition
NAME		_	4. 2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	ange Addition
NAME			5.2 NAME				,
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	ange 🗌 Addition
I			62 NAME				

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727791-7435