FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J18869 (4)

1. Corporation Name
RJS CAPITAL ADVISORS, INC.

Principal Place of Business
1200 N FEDERAL HIGHWAY
SUITE 111
BOCA RATON FL 33432

Mailing Address
1200 N FEDERAL HIGHWAY
SUITE 111
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2687773 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes XX Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD.
W. PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ROBERT J.	1 NAME	
STREET ADDRESS	1200 N FEDERAL HWY #111	1 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1 CITY-ST-ZIP	
TITLE	DP	2 TITLE	☐ Change ☐ Addition
NAME	DONNELLAN, RICHARD P.	2 NAME	
STREET ADDRESS	1200 N FEDERAL HWY #111	2 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2 CITY-ST-ZIP	
TITLE	ST	3 TITLE	☐ Change ☐ Addition
NAME	WHITE, JOHN II	3 NAME	
STREET ADDRESS	1645 PALM BCH LKS BLVD	3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert J. Sullivan (signature) Robert J. Sullivan 4/10/95 407/750-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0240302 CP