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Secretary of State

03-16-1999 90145 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J18869 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			
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country		3. Date Incorporated or Qualified 06/11/1996 4. FEI Number 59-2687773 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent WHITE, JOHN II 1845 PALM BEACH LAKES BLVD. W. PALM BEACH FL 33402		10. Name and Address of New Registered Agent 81 Name A. Mack Scithler 82 Street Address (P.O. Box Number is Not Acceptable) 1300 N. Federal Highway 83 Suite, Apt. #, etc Suite 111 84 City Boca Raton FL 85 Zip Code 33432	
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 <i>[Signature]</i> DATE 3/4/99			
12. OFFICERS AND DIRECTORS ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE ☐ Change ☐ Addition NAME A. Mack Scithler STREET ADDRESS 1300 N. Federal Highway CITY-ST-ZIP Boca Raton, FL 33432	
12.2 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.2 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12.3 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.3 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12.4 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.4 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12.5 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.5 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12.6 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.6 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 **SCI-750-9100**
 Date Customer Phone #

CR2E034 (1/1/98)