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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J64518

(0)

RONJO ENTERPRISES INC.

	F	ILED	
May	12	1997	8:00am
Sec	cret	ary of	State

Principal Plac	Principal Place of Business Mailing Address									
2412 UNIVERSITY DR. 2412 UNIVERSITY DR. CORAL SPRINGS FL 33065-5124				·						
:						3. Date Incorporated or Qualified 03/30/1987		te of Last I	Report	
2. Principal P	Place of Business	2a. Mailing Address 26				4. FEI Number 59-2791597	-t	J	pplied For lot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			·	5. Certificate of Status Desired		\$8.75	Additional leguired	
City & Stat	le .	City & State		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	F-1	\$5.00	May Be	
Zip	Country	28	Сос	untry		Trust Fund Contribution 8. This corporation has liability for i	ntangible t		to Fees s. 199.032.	
24 .	25	29	30	т		Florida Statutes	Yes [] No		
LITA	9, Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Reg	listered A	gent		
	vin, ronnie 2 University Rd.									
	RAL SPRINGS FL 33065			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)			
				83						
. '				84	City		FL	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (N	IO1E Registere			oration submits this stalement for the pi lion's board of directors. I hereby accep red when reinstaling)	DATE			
12.	OFFICERS AN	ND DIRECTORS	18.			ADDITIONS/CHANGES TO OFFIC				
TITLE	LITWIN, JOEL	☐. DELETE	11 1 1.2 N					Change	☐ Additio	
STREET ADDRESS	7558 PINEWALK DR., SO.				ADDRESS					
CITY-ST-ZIP	MARGATE FL			ITY-51						
TITLE	SD	☐ DELETE	2.1 1	TLE			İ	Change	Additio	
NAME	LITWIN, RONNIE 7558 PINEWALK DR., SO.		2.2 N							
STREET ADDRESS	MARGATE FL			TREET. SITY-S	ADDRESS					
TIFLE	INDIANOVIE IE	DELETE	3.1 7		1-211			Change	Additio	
NAME			3.2 N	AME				•		
STREET ADDRESS			3.3 S	TREET.	ADDRESS					
CITY-ST-ZIP		DELETE		11Y-S	T- ZIP				1	
TATLE		☐ DELETE	4.1 1				l	Change	Addition	
STREET ADDRESS			4.2 N 43 S		ADDRESS					
CITY-ST-ZIP				11Y-S1						
TITLE		DETELE	5.1 70					Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	IREET.	ADDRESS					
CITY-ST-ZIP		DELETE		<u> 117-51</u>	1 - ZIP			Chanas	A delista	
TITLE NAME		ER DECENE	6.1 TI 6.2 N				l	Change	Addition	
STREET ADDRESS					ADDRESS					
:CITY-ST-ZIP		•		/NCC 17 174-81	l					
44 14-1										

I do hereby certify that the information supplied with this filling 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 trusted 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.

JOEL LITWIN