FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Corporatio		2						
RJ & PE), INC.				E HORMANI CHI CONCI CINTE ENVI	Luite (let elet	. OLONG BROKK OLONG O	1 20 1 11 110 11 0 1
Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,			
5324 E. COLONIAL DR. 5324 E COLONIAL DR								
ORLANDO FL 32807 ORLANDO FL 32807					DO NOT W	RITE IN THI	S SPACE	
US		US			3. Date Incorporated or Qualife			
					12/08/1987	_		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			58-2009867		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27			J. Certificate of Citation Desired		Fee Re	quired
City & Star	e	City & State			6. Election Campaign Financing	9 🗇	\$5.00	
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the co	ırrent year İr		A.
24	[25]		30		Personal Property Tax.	. Da =!=4===		ØΝο
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New	Registered	Agent	
KFI	LY, ROBERT A		[5,	Name				_
280 W CANTON AVE			82	Street	Address (P.O. Box Number is Not Accept	otable)		
SUITE 410			83					
WINTER PARK FL 32789			00					
*****	TENT TANK I E GET GO		84	City		FI	85 Zip C	ode
44 5	4 th	2 and 607 1509 Florida Statuta	the above	-named	corporation submits this statement for the		f changing its	registered
office or r	egistered agent, or both, in the State :	of Florida. Such change was aut	thorized by 1	the corpo	ration's board of directors. I hereby acc	ept the appo	pintment as reg	gistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statutes.					
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable (NOTE:	Registered Agen	t signature re	equired when reinstating)	DATE		
12.		ID DIRECTORS	13.	t algricito it	ADDITIONS/CHANGES TO C		ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		PS		☐ Change	Addition
NAME	JOHNSON, RONALD M.				· 1-3			
STREET ADDRESS	and the same of th		1.3 STREET	ADDRESS		*		
CITY-ST-ZIP			1.4 CITY-ST	-ZIP				
TITLE	S	DELETE 2.1					☐ Change	☐ Addition
NAME	JOHNSON, BARBARA A.		2.2 NAME	-				
STREET ADDRESS	181 CORTLAND AVENUE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST	r-ZIP				
TITLE	T	DELETE	31 TITLE		** ***		☐ Change	Addition
NAME	JOHNSON, BARBARA, A	, ,	32 NAME	ļ				
STREET ADDRESS	181 CORTLAND AVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	51 TITLE	İ			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	I				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
		LJ DELETE		ļ				
NAME		CI DEFEIG	6.2 NAME 6.3 STREET				_ ,	

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 suppliemental annual report is the 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 fustee 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 a raddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR