

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Mumford
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # K09416

(4)

1. Corporation Name

RLSJ, INC.

MAY 1 - 1 AM 12:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1526 14TH STREET WEST
BRADENTON FL 34205

Mailing Address

1526 14TH STREET WEST
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1987

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0020724

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 § 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

24 Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, MARC H.
3908 28TH STREET WEST
BRADENTON FL 34205

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 602, 602.02 and 607, 190F, 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 this appointment as registered agent. I am hereby authorized to accept the filing of this statement.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

NAME

NAME

STREET ADDRESS

CITY

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not capable for the investigation conducted by law enforcement Florida Statutes. I further certify that the information was checked in the annual report or supplemental report or both and is correct and that my signature shall have the same legal effect and make me liable for the same as if I were an officer or director of this corporation or the true owner or holder of the report as required by the Florida Statutes. I further certify that my signature appears on the back of this filing and that it is a true and correct copy of the original.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

813-7446 301 1