

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90028 043 ***150.00

DOCUMENT # K95750

1. Corporation Name
RJM ADVERTISING, INC.

Principal Place of Business
5365 W. ATLANTIC AVE
STE. 501
DELRAY BEACH FL 33484
US

Mailing Address
5365 W. ATLANTIC AVE.
STE. 501
DELRAY BEACH FL 33484
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1989

4. FEI Number
65-0157860

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5329 W. ATLANTIC AVE
Suite, Apt. #, etc.

22 SUITE 204 A
City & State

23 DELRAY BCH, FL
Zip Country

24 33484 25 PALM BCH

2a. Mailing Address

26 5329 W. ATLANTIC AVE
Suite, Apt. #, etc.

27 SUITE 204 A
City & State

28 DELRAY BCH, FL
Zip Country

29 33484 30 PALM BCH

9. Name and Address of Current Registered Agent

MERTES, RICHARD JOSEPH
15144 TALL OAK AVE
DELRAY BCH FL 33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MERTES, RICHARD JON
STREET ADDRESS 15144 TALL OAK AVENUE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE
NAME MERTES, RICHARD JOSEPH
STREET ADDRESS 15144 TALL OAK AVENUE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE
NAME MERTES, MARGARET C.
STREET ADDRESS 15144 TALL OAK AVENUE
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-99 561-637-8009

CR2E034 (11/98)

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