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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

L43569

(7)

RJI CONSULTANTS, INC.									
Principal Place of	of Business	Mailing Addres	SS			I INDINGIR DIS DIDEN TITUL DIVIR D		E (1 9180) 8191(8191(148)	
5700 STIRLING RD. HOLLYWOOD FL 33021 5700 STIRLING RD. HOLLYWOOD FL 33021									
US		U\$				3, Eate Incorporated or Qualified 01/16/1990	3a. Date of La 01/3	0/1995	
2. Principal Plad 21	ce of Business	2a, Mailing Ad 26	dress			4. FEI Number 65-0162124		Applied For Not Applicable	
Suite, Apt. #	, etc.	27				5. Certificate of Status Desired	LI T	ree Required	
City & State		City & Stat	e 			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29		Country 30	****		s □ No		
	g. Name and Address of Currer	it Registered Ager	ıt		·	10. Name and Address of New I	Hegistered Agen	ıt .	
				81	'''				
NEWMAN, IRVING 5700 STIRLING RD.				82 83		dress (P.C. Box Number is Not Accepta	ess (P.C. Box Number is Not Acceptable)		
	WOOD FL 33021								
				84	City		FL 85	Zip Code	
or registere familiar wit SIGNATURE	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sections of Sections of Sections of Sections of Sections of Provided	da. Such change wa tion 607.0505, Florid	as authorized la Statutes.	toy the corp	ooration's DC	oration submits this statement for the pu and of directors. I hereby accept the app and wher remistating)	DATE	stered agent. Fam	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
1/ILE	D		ELETE	1. 1 TITLE			☐ Ch	nange	
NAME	NEWMAN, IRVING			1.2 NAME					
STREET ADDRESS	5700 STIRLING RD.				I ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL PD	П	ELETE	14 CITY- 2 1 THILE	SI-ZIP			nange Addition	
TITLE NAME	NEWMAN, JEFFREY	LJ.		22 NAME				- -	
STREET ADDRESS	5700 STIRLING ROAD			2 3 STREE	T ADDRESS				
CiTY+ST-7IP	HOLLYWOOD FL			2 4 CITY-	ST-ZIP				
TRILE			ELETE	3. 1 TITLE			□ CI	nange	
NAME				3.2 NAME					
STREET ADORESS					ET ADDRESS				
CITY-ST-ZIP			DELETE	3 4 CITY - 4. 1 TITLE				nange Addition	
TITLE NAMÉ		₩,		4.2 NAME					
STREET ADDRESS				Ti .	1 ADORESS			•	
CITY-ST-ZIP				4.4 CITY					
TITLE			DELETE	5 1 TiTLE				hange	
NAME				5.2 NAME					
STREET ADDRESS				53 STRE	ET ADDRESS				
CITY - ST - ZIP				5 4 CITY				hanna Addition	
TITLE			DELETE	6. 1 TITLI			□ c	hange	
NAME				6.2 NAMI	1				
STHEET ADDRESS					T ADDRESS				
CITY-ST-ZIP		Ludh Abla filma ia ua	rotorik furnic	6 4 CiTY		v for the exemption stated in Section 11	9.07/3)(k) Floricia	Statutes, I further	

i do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated by 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.

SIGNATURE: ..

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 15 1996 954-963-9646

CR2E034 (12/95)