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 # M16252

R.J.M. SPECIAL PRODUCTS, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						100(00) 101 F1610 1110 1100 01110 110	6 8 9 9 8	761 918 11 81834 1	11011-1001
25 CHESTNUT HILL ROAD 25 CHESTNUT HILL ROAD RIDGEFIELD CT 06877 RIDGEFIELD CT 06877-1201									
						 Date Incorporated or Qualified 06/03/1985 		ate of Last R 3/1996	Report
2. Principal Place of Business 2a. Mailing Address 21						4. FEHNumber 59-2544331	Applied For Not Applicable		
Suite, Apt.	#, etc.	Surte, Apt. #, etc.	Surte, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	e e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution [2] Added to Fees			
Zip	Country Zip		F n	Country		8. This corporation has liability fo	liability for intangible tax under s. 199.032,		
24	25 25 Name and Address of Cui	29 rrent Registered Agent	30			10. Name and Address of New F	· · · · · · · · · · · · · · · · · · ·		•
JOH).	NSON, MARK D. ESQ.		8	I Nam	 IC			M	
337 PONCE DE LEON PLACE ORLANDO FL 32801				Stree	ot Addres	ddress (P.O. Box Number is Not Acceptable)			
UKU	ANDO PL 32801		83	3					
			8	City		100 111 - 111	FL	85 Zip	Code
office or r	registered agent, or both, in the St	tate of Horida. Such change wa	is authorized b	without	ed corpor orporatio	ation submits this statement for the n's board of directors. I hereby acc	purpose of ept the app	changing it ointment as	ts registered registered
agent. I a SIGNATURE	am familiar with, and accept the ob								<u>.</u>
10	Signature, typed or printed name of regions.	Cogenicand Object applies about 1900 (N AND DIRECTORS	IOÙ Registerec A	jent sigrat	ure required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	25 IN 12
12.	DOTTIONS	AND DIRECTORS	1.1 10115			ADDITIONS/OFFARACS TO OFF		Change	Addition
NAME	WILLIS, MATTHEW	Sec. wil	1.2 NAM8				,		
STREET ADDRESS	4 ROSEWOOD ROAD		1.3 STREE	T ADDRES	ูง∣วร	S CHESTAUT HILL DEEPICLO, CT. 6	KOAD		
CITY-ST-ZIP	WHITE PLAINS NY		1.4 CHY-	\$1 - ZiP	RI	OGEPICLO, CT. 6	6877		
TITLE		□ DELETE	2.1 T/TLF				_	Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STRE	1 ADDRES	s				
CITY-ST-ZIP		T INTLETE	2. 4 C/1Y	- ST- ZIP				Change	Addition
TITLE		L DELETE	3.1 TITLE					Change	
NAME			3.2 NAME						
STREET ADDRESS				1 ADDRES	8				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE		·- -			Change	Addition
NAME			4.2 NAM					,	
STREET ADDRESS				ELADDRES	s				
CITY-ST-ZIP			4.4 CITY-						
TITLE		DETETE	51 TITLE				· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	1 ADDRES	s				
CITY-ST-ZIP			54 CITY	\$1 - 7iP					
TITLE		DELETE	6 1 TITLE					Change	Addition
NAME			62 NAME						
STREET ADDRESS			6.3 S1RC	T ADDRES	s				
CITY-ST-ZIP			6.4 CITY-	SI-7P					
44 Ldo boro	by portify that the intermed arrenn	which with this films dose not our	alifu for the or	constitution	, etatori i	u Spotizm 110 07/3Y// Florida Statu	too I furtho	coadfullist	tho

on supplied with this filing does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Further certify that the performance is true, and accurate and that my signature shall have the same legal effect as if made under eath; that poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name. information indicated on this armus I am an officer or director of the co appears in Block 12 or Block 13 i of