

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M39307** (7)

1. Corporation Name

**ROJAQ CO.**



Principal Place of Business

**2831 E. SUNRISE LAKES DR.  
#102  
SUNRISE FL 33322**

Mailing Address

**2831 E. SUNRISE LAKES DR.  
#102  
SUNRISE FL 33322**

3. Date Incorporated or Qualified

**10/01/1986**

3a. Date of Last Report

**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**SCHWARTZ, RONALD  
8421 NW 34TH MANOR  
SUNRISE FL 33351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2831 E. Sunrise Lakes Dr.**

83 #102

84 City

**Sunrise**

FL

85 Zip Code

**33322**

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

*Ronald Schwartz*  
Signature, typed or printed name of registered agent, and title if applicable

**Ronald Schwartz, Pres.**

**March 20, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SCHWARTZ, RONALD**  
STREET ADDRESS **8421 NW 34TH MANOR**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **SD** ☐ DELETE

NAME **SCHWARTZ, JACQUELINE**  
STREET ADDRESS **8421 NW 34TH MANOR**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **VTD** ☐ DELETE

NAME **JOHNSTON, MARCY**  
STREET ADDRESS **8421 NW 34TH MANOR**  
CITY-ST-ZIP **SUNRISE 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**2831 E. Sunrise Lakes Dr. #102  
Sunrise, Florida 33322**

**VP/D/T**

**2831 E. Sunrise Lakes Dr. #102  
Sunrise, Florida 33322**

**S/D**

14. 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 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.

SIGNATURE:

*Ronald Schwartz*

**Ronald Schwartz 03/20/96 (954) 741-8959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)