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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M39307

(7)

ROJAQ CO.

Principal Place of Business	Mailing Address
831 E. SUNRISE LAKES DR. #102 SUNRISE FL 33322	283‡ E. SUNRISE LAKES DR. #102 SUNRISE FL 33322

## FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

										3. Date incorporated or Qualified			
O Division Street Products										10/01/1986			
2. Principal Place of Business			$\vdash$	2a. Mailing Address							Applied For		
21			26	26							Not Applicable		
Suite, Apt, #, etc.			27	Suite, Apt. #, etc.							Additional Required		
City & State				City & State						6. Election Campaign Financing \$5.0	0 May Be		
23				28							d to Fees		
Zip	Country Zip						Country			8. This corporation owes or has paid the current year Intangible			
24	25 29					o				Personal Property Tax due June 30.  Yes No			
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
SCHWARTZ, RONALD							1	Name					
2831 E SUNRISE LAKES DRIVE							,	Ctroot A	Address (D.O. Der Nillenber in New Assessments)				
<b>#</b> 102							82 Street Address (P.O. Box Number is Not Acceptable)						
SUNRISE FL 33322						83	83						
						84	3	City			Code		
11 Purcuant	o the provie	ions of Sections 607 0502	and 6	07 1508 Florida Stati	ites 1	he abo	<u></u>	named c	Ornor		ite registered		
office or r	egistered ag	jent, or both, in the State of	Flori	da. Such change was	autho	orized b	y 1	the corpo	oration	on's board of directors. I hereby accept the appointment	is registered		
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	Charles based	or printed name of registered agent :			·····	internal An				d when reinstating) DATE			
12.	Signature, typeo	OFFICERS AND I			JIE: Reg	13.	yent	t signature re	equireo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12		
TITLE	PD	01110210740	2111111	DELETE	-1	1,1 TITLE		-		Chance			
NAME		RTZ, RONALD				1,2 NAME							
STREET ADDRESS 2831 E SUNRISE LAKES DR #102						1.3 STREET ADDRESS							
1 - 1	CINDER FI						1.3 STREET AUDRESS						
CITY-ST-ZIP							_	- ZIP		Change	Addition		
TITLE	ACCURAGE A LACCUSTING						<del>-</del>			Moditioni			
NAME	COOL E CUMPICE LAVEC DEDE CACO						2.2 NAME						
STREET ADDRESS	OUNDION EL						2.3 STREET ADDRESS						
CITY-ST-ZIP							2. 4 CITY+ST-ZIP				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE							3,1 TITLE			Li Change	Addition		
NAME	JOHNSTON, MARCY					3.2 NAME					i		
STREET ADDRESS							3.3 STREET ADDRESS						
CITY-ST-ZIP	SUNRIS	E FL				3.4. CITY -	ST	- ZIP					
TITLE				DELETE		4.1 TITLE				☐ Change	Addition		
NAME					1	4. 2 NAME	Ξ				9		
STREET ADDRESS					1	4.3 STREE	T AI	ODRESS					
CITY-ST-ZIP						4.4 CMY-	ST-	- ZIP					
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NAME						5.2 NAME				-			
STREET ADDRESS						5,3 STREE	TAI	DDRESS					
CITY - ST - ZIP						5.4 CITY-							
TITLE		<del></del>		☐ DELETE		6.1 TITLE	<u> </u>			Change	☐ Addition		
NAME						6.2 NAME							
STREET ADDRESS						6.3 STREE		DUBERS			ĺ		
CITY-ST-ZIP						6.4 CMY -:							
	ertify that the	e information supplied with	this f	iling does not qualify t					in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the	e information		
indicated	on this annu	al report or supplemental a	າກຕະສ	I report is tole and ac	curate	and th	net.	my signs	ature	shall have the same legal effect as if made under path:	hat Lam an		

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 turther 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:

Comelde AchieratifieQUIRRONALD SCHWARTZ(954)741-8959

7R2E034 (10/97)