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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000012035

1. Corporation Name

RJA FOODS, INC.

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90017 002 \*\*\*550.00

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Principal Place of	of Business	Mailing Address		גום גסובר מתנתם אופנו שנסור נסגמש וגוסה ווזשם וגומם אווגר מחגשי שנו וססונשטר ג	144.
11 DUNBAR RD		11 DUNBAR RD			
PALM BEACH GA	RDENS FL 33418	PALM BEACH GARDENS FL 3	3418		
us		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 02/10/1993	
2. Principal Plac	_	2a. Mailing Address		4. FEI Number Applied Fo	ar .
21 40 1	unbal bo,	26 LO DUNBA	LKA	65-0393954 Not Applie	able
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Addition	al
22		27		5. Certificate of Statos Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Bo	,
23 PBG		28 PBG F		Trust Fund Contribution Added to Fees	
Zip	Country	Zip 29 33418 30	Country USA	8. This corporation owes the current year Intangible	
24 33411		- 100	U >FF	Personal Property Tax. Yes No	
<del> </del>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
ARDO	LINO, RALPH J		81   Name &	ALPH J. ARDOLINO	
	NBAR RD			ess (P.O. Box Number is Not Acceptable)	
1	BEACH GARDNES FL 33418		<u> </u>	o bunbar RD.	
I CLIVI	SENSIT SENSITES I C SOT IN		83		}
-			84 City ALD	n Beach Gardensfl 85 Zip Gode	15
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose of changing its registe	ed
office or reg agent. I am	istered agent, or both, in the Clate of familiar with, and access the onlinear	Florida, Such change was author of, Section 607,0505, Florida	orized by the corporation Statutes.	on's board of directors. I hereby accept the appointment as registered	}
		51, 555 567		_	
SIGNATURE SIGNATURE	gnature, typed or printed name of a gistered agent a	and little if applicable. (NOTE. Rec	gistered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND	DIRPCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	)	☐ DELETE	1.1 TITLE		dition
TITLE	ADDOLINO DALDILI	DELETE			
TITLE NAME STREET ADDRESS	ARDOLINO, RALPH J H <del>-DUNBAR R</del> D	DELETE	1.1 TITLE		
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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 and accurate and the removement.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

19-99

561-627-9291