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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9300068182 (3) 1. Corporation Name RDJ ENTERPRISES, INC.							
Principal Place of Business Mailing Address					T AND ENDOUGH TO THE OWNER.	ABILL BRICE BRICH IN	IN 11001 FUILU FINI FUNI
611 KEY ROYALE DRIVE HOLMES BEACH FL 34217 611 KEY ROYALE DRIVE HOLMES BEACH FL 34217							
					3. Date Incorporated or Qualified 09/24/1993	3a. Date of La 06/29	ast Report 9/1995
_2, Principal Pla 21	Principal Place of Business 2e. Mailing Address 26			4. FEI Number 65-0444304		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Country 30	/	8. This corporation has liability for it	ntangible tax und	
<u>1</u>	9. Name and Address of Current		1001		10. Name and Address of New R		nt
				Name			
SATNICK, ROBERT 611 KEY ROYALE DR. HOLMES BEACH FL 34218			82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	· · · · · · · · · · · · · · · · · · ·
			83				
			84	1		FL 85	
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	i. Such change was authori;	red by the corp	named corpo poration's bo	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing pintment as regis	g its registered office itered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent ar	id title 1 applicable (N	OTE: Registered Age	nt signature requir	ed when reinstaling)	DATE	
12.	· · · =	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	D DELETE		1. 1 TITLE			☐ Ch	ange 🔲 Addition
NAME	SATNICK, ROBERT 611 KEY ROYALE DR		1.2 NAME	ļ			
STREET ADDRESS	HOLMES BEACH FL 34217			T ADDRESS			
CITY-ST-ZIP TITLE	TIOLINGO OLAOTTIC 34217	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE				D 4445
NAME	[] DECER		2.1 HILE 2.2 NAME			☐ Cha	ange 🔲 Addition
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			2.4 CITY-				
TITLE	DELETE		3 1 TITLE	-		Chi	ange
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST - ZIP			
TITLE	DEFELE		4. 1 TITLE			☐ Cha	ange
NAME			4.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5. 1 TITLE	SI-ZIP		Cha	ange Addition
NAME	_ <u> </u>		5.2 NAMÉ				go □ nodilion
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY - 1				
THTLE	100	☐ DELETE	6. 1 TITLE			Cha	ange 🔲 Addition
NAME			6.2 NAME				_
STREET ADDRESS			6 3 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dose 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:

atu of ROBERT SATNICK (ASS)3/14/56

941-778-6/63 Daytime Prione :