

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000073293 (1)

1. Corporation Name

RNJ ENTERPRISES INC

CLIENT COPY

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

4. FEI Number

65-0445934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 767 So St Rd 7

Suite, Apt #, etc

22 Suite # 13

City & State

23 MARCATE FL

Zip

24 33068

Country

25 USA

2a. Mailing Address

26 767 So St Rd 7

Suite, Apt #, etc

27 Suite 13

City & State

28 MARCATE FL

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

ONORATI, GARY
767 So St Rd 7 Suite 13
MARCATE FL 33068

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/PS
NAME NOE, RALPH JR.
STREET ADDRESS 10296 BROOKVILLE LANE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP
NAME NOE, CATNY
STREET ADDRESS 10296 BROOKVILLE LANE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

300001788345

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH NOE JR. 2/29/96

Date

Daytime Phone #

CR2E034 (12/95)