

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 5:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011401 (4)**

1. Corporation Name  
**R.J.L. HOLDINGS, INC.**

Principal Place of Business  
**7241 MIAMI LAKES DR., UNIT D-21  
MIAMI LAKES FL 33014**

Mailing Address  
**7241 MIAMI LAKES DR., UNIT D-21  
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/07/1994**

3a. Date of Last Report

2. Principal Place of Business  
21 **10766 CRESCENDO CIRCLE**

2a. Mailing Address  
26 **10766 CRESCENDO CIRCLE**

4. FEI Number  
**65-046106**

Applied For  
Not Applicable

22 City & State  
**BOCA RATON, FL**

27 City & State  
**BOCA RATON, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip  
**33498**

28 Zip  
**33498**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Country  
**USA**

29 Country  
**USA**

6. This corporation has liability for interstate tax under S. 199.035, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNN, LOWELL S II  
7241 MIAMI LAKES DR., UNIT D-21  
MIAMI LAKES FL 33014**

81 Name  
**LOWELL S. DUNN II**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10766 CRESCENDO CIRCLE**  
83  
84 City  
**BOCA RATON** FL 85 Zip Code  
**33498**

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 607.0502, Florida Statutes.

SIGNATURE

*Lowell S. Dunn II*

4/12/95

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>DUNN, LOWELL S II</b>
STREET ADDRESS	<b>7241 MIAMI LAKES DR., UNIT D-21</b>
CITY, ST, ZIP	<b>MIAMI LAKES FL 33014</b>
TITLE	<b>D</b>
NAME	<b>DUNN, JOELLA L</b>
STREET ADDRESS	<b>7241 MIAMI LAKES DR., UNIT D-21</b>
CITY, ST, ZIP	<b>MIAMI LAKES FL 33014</b>
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	<b>D, P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LOWELL S. DUNN II</b>
1.3 STREET ADDRESS	<b>10766 CRESCENDO CIRCLE</b>
1.4 CITY, ST, ZIP	<b>BOCA RATON, FL 33498</b>
2.1 TITLE	<b>D, VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOELLA L. DUNN</b>
2.3 STREET ADDRESS	<b>10766 CRESCENDO CIRCLE</b>
2.4 CITY, ST, ZIP	<b>BOCA RATON, FL 33498</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 110.07(2)(b), 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 agent 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 of this report, or on an attachment with an address.

SIGNATURE:

*Lowell S. Dunn II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95  
Date

305-821-6633  
Official Phone #