

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000023786 (4)

1. Corporation Name

R. JAY CREATIONS, INC.



Principal Place of Business

12794 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON FL 33414

Mailing Address

12794 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON FL 33414

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 17323 BERMUDA VILLAGE DR.

Suite, Apt. #, etc.

22 BOCA RATON, FL.

City & State

23

Zip

24 33487

Country

2a. Mailing Address

25 17323 BERMUDA VILLAGE DR.

Suite, Apt. #, etc.

27 BOCA RATON, FL.

City & State

28

Zip

29 33487

Country

30

4. FEI Number

65-0490055

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 or intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLANGER, RANDY J
12794 WEST FOREST HILL BOULEVARD
SUITE 5B
WELLINGTON FL 33414

81 Name RANDY J SCHLANGER

82 Street Address (P.O. Box Number is Not Acceptable)
17323 BERMUDA VILLAGE DR.

83

84 City BOCA RATON

FL

85 Zip Code 33487

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Randy J Schlinger
Signature, typed or printed name of registered agent and title, if applicable.

RANDY J SCHLANGER - PRESIDENT

4/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☒ DELETE
NAME CALMAN, JULIE D
STREET ADDRESS 12794 WEST FOREST HILL BOULEVARD, SUITE 5B
CITY-ST-ZIP WELLINGTON FL 33414

TITLE DP ☐ DELETE
NAME SCHLANGER, RANDY J
STREET ADDRESS 12794 WEST FOREST HILL BOULEVARD, SUITE 5B
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

PRESIDENT ☒ Change ☐ Addition
SCHLANGER, RANDY J.

17323 BERMUDA VILLAGE DR.

BOCA RATON, FL. 33487

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

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 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:

Randy J Schlinger

RANDY J SCHLANGER

4/20/96

407-997-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)