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OCUMENT #       P944000070688         R. J. CONSULTING MANAGEMENT & MARKETING INC.         Incode Place of Business       Matrix Address         State ADA WISTA BOLIEVARD BOYMTON BEACH FL 3587       State ADA WISTA BOLIEVARD BOYMTON BEACH FL 3587         Principal Place of Business       24. Matrix Address         State       27         State       28. Matrix Address         State       27         State       27         State       27         State       27         State       27         State       28. TS Address         State       28. TS Address         State       28. Control         State       28. TS Address         State       28. Control         State       28. Contr	1999	DIVISION OF CO	ORPORATIONS		
Inspace         Mailing Address           SQLAW STA BOULEVARD NTON BEACH FL 33437         SQLAW STA BOULEVARD BOYNTON BEACH FL 33437         DO NOT WRITE IN THIS SPACE           Principal Pilice of Business         2.a. Mailing Address         4. FEI Nimber         Incl. Adjult 4.           State, Apl. R, etc.         2.a. Mailing Address         4. FEI Nimber         Incl. Adjult 4.           State, Apl. R, etc.         5. Certicate of Status Desired         State, Apl. R, etc.         5. Certicate of Status Desired         State, Apl. R, etc.           Trans Euro Control         2.7         State         6. Election Company Finning         State, Apl. R, etc.           Trans Euro Control         2.7         Country         8. Tas corporation owes the current year Intangle           Trans Euro Control         2.7         Country         8. Tas corporation owes the current year Intangle           State         0. Norm and Address of Current Registered Agent         10. Name and Address of Norm State Pilicing State Agent           State Address of Norm State Pilicing State Pilicing State Agent with the statement for the purpose of descripting the registered Agent         11           BONTON BEACH FL 33437         12         State Address (PO. Box Number is Not Acceptable)           State Address of Do State Pilicing State Pilicin	Corporation Name				
NTON BEACH FL 33437         BOYNTON BEACH FL 33437         DO NOT WRITE IN THIS SPACE           Principal Piece of Business         2.8. Mailing Address         4. FEI Number         In Deletit Transmission           Suite, Apt. 4, etc.         3.0. Mailing Address         4. FEI Number         In Adapted Fei           Suite, Apt. 4, etc.         3.0. Centrate of Status Desired         9.7. Status Centration         3.5.00 May 5.           City & State         City & State         Country         2.         Country         8. Centrate of Status Desired         9.7. Status Centration           State, Apt. 4, etc.         7.0         Country         2.         Country         8. Centrate of Status Desired         7.0. Status Centration         Added to Status Centration           State         City & State         City & State         Country         2.         Country         8. Nome and Address of North Counter the part Mangbe Personal Property Tax.         Added to Status Centration	cipal Place of Business	Mailing Address			I UQUIN ABDIE DAUNA UNDER DAUN HUNE
Old/23/1994           Principal Place of Business         2a. Mailing Address         4. FE Number         Applied For           Suite. Apt. #, etc.         S. Centicate of Status Desired         Principal Place of Status Desired         Status Desired         Principal Place of Status Desired         Status Desired         Status Desired         Status Desired         Status Desired         Status Desired         Principal Place of Status Desired         Status Desired         Status Desired         Status Desired         Status Desired         Principal Place of Status Desired         Principal Place of Status Desired         Principal Place of Status Desired         Status Desired         Principal Place of Status Desired Desired Desired         Principal Place Of Status Desired Place Of Status Desired Desire			RD		THIS SPACE
Interpret       65-0526169       Interpret         Suite, Apt. #, etc.       20       Suite, Apt. #, etc.       20         City & State       0. Certificate of status Desired       \$8.75 Additional foo Required         City & State       0. Election Compaign Financing Too Required       \$5.00 May Be Added to Fees         Zip       Country       20       Country       8. This corporation owes the current year Intargible Proceeding Financing       \$5.00 May Be Added to Fees         Zip       Country       20       Country       8. This corporation owes the current year Intargible Proceeding Financing       \$5.00 May Be Added to Fees         3       30       Personal Property Tax.       Vis       No         9. Name and Address of Current Registered Agent       10. Name and Address of Now Registered Agent       10. Name and Address of Now Registered Agent         8342 AOUA VISTA BOULEVADD BOYNTON BEACH FL 33437       12       Street Address (P.O. Box Number Is Not Acceptable)         23       Street Address (P.O. Box Number Is Not Acceptable)       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS         NATURE       Corporation submits this statement for the purpose of changing its registere agent. I and familiar with, and accept the obligations of. Section 607 0050, Finded Statutes.       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS         NATURE       Description BEACH FL 33437					
Saile, Apt. #, etc.       2       Saile, Apt. #, etc.       5. Certificate of Status Desired       \$8.75 Additional         Dry & State       21       City & State       6. Election Campaign Financing       \$5.00 May Be         Dry & State       21       20       Country       8. This corporation owes the current year intangable       Added to Fees         Dry & State       21       29       30       Personal Property Tax.       Image Note the current year intangable         Parsonal Property Tax.       29       30       Election Campaign Financing       Xdded to Fees         S42 ADUA VISTA BOULEVARD BOYNTON BEACH FL 33437       10. Name and Address of New Registered Agent       11. Name and Address of New Registered Agent         B2       Streit Address (P.O. Box Number is Not Acceptable)       20       20         BOYNTON BEACH FL 33437       41       Name and Address of Country for this State of Florids. Statutes, the above-named corporation submits this statement for the purpose of changing its registere of agent. In ministry thit, and accept the editoptions of Section 607 0556. Florids Statutes.       20       Oxte         OFFICERS AND DIFECTORS       13.       ADDITIONSCHANGES TO OFFICERS AND DIFECTORS IN 12       Addet City FL       21         D       FEGAN, ROMEY JOHN       DELETE       11The       21       Change       Addet         Street Address Jack <td>Principal Place of Business</td> <td></td> <td></td> <td></td> <td>Applied For Not Applicable</td>	Principal Place of Business				Applied For Not Applicable
21/2       City & State       21/2       City & State       4. Election Comparent Financing       Added to Fees.         30/2       20/2       20       Country       8. This coporation ows the current war intrapative file.       Added to Fees.         30/2       20       0       9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         RECAN, RODKY JOHN       81       Name       Address of New Registered Agent       10. Name and Address of New Registered Agent         BOINTON BEACH FL 33437       81       Name       Address (P.O. Box Number is Not Acceptable)         BOINTON BEACH FL 33437       82       Street Address (P.O. Box Number is Not Acceptable)         BOINTON BEACH FL 33437       83       4       City       FL       85       2p. Country         Priduant in the provisions 607.0502 and 607.1508. Florids Statutes, the exponention's band of directors, I hereby accept the appointment as registered agent, if an financial with, and accept the obligations of Accel no 607.0505. Florids Statutes, the exponention's band of directors, I hereby accept the appointment as registered agent, if an financial with, and accept agent, and thereby accept the appointment as registered agent, if an financial with, and accept agent, and thereby accept the appointment as registered agent, and thereby accept the appointment as registered agent, and thereby accept the appointment as registered Agent andit and thereby accept the appointment as registered Ag	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
Ip       Country       Zip       Country       8. This corporation overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the current year intangible Personal Property Tax.       Image: Transmission overs the Current Personal Property Tax.       Image: Transmission overs the current year intendent Personal Property Tax.       Image: Transmission overs the personal Property Tax.       Image: Transmission overs the current year intendent Personal Property Tax.       Image: Transmission overs the personal Property Tax.       Image:	City & State	City & State			\$5.00 May Be
	· · · · · · · · · · · · · · · · · · ·	Zip		8. This corporation owes the current ye	ear Intangible
PEGAN, RODNEY JOHN 9342 AQUA VISTA BOULEVARD BOYNTON BEACH FL 33437       81       Name         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 agent, or both the State of Policia. Such change was submorzed by the corporation submits this statement for the purpose of changing its registered agent, or both the State of Policia. Such change was submorzed by the corporation submits this statement for the purpose of changing its registered agent, or both the State of Policia. Such change was submorzed by the corporation submits this statement for the purpose of changing its registered agent, and accept the objection 607.0503. Florida Statutes.         NATURE       Suppose of registered agent at Bit is jabeled       I/OTE Registered Agent agent and Bit is jabeled       I/OTE Registered Agent agent agent agent and Bit is jabeled       I/OTE Registered Agent a			30		
Signature, Typed optimised agenerating a spatiate/or         (NOTE: Registered Agenerating and with informating)         LATE           OFFICERS AND DIRECTORS         13         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           D         DELETE         11 TITE         Change         Add           Status         Status         13 STREET ADDRESS         Change         Add           Status         D         D         13 STREET ADDRESS         Change         Add           Status         D         D         14 CTY-ST-ZP         Change         Add           D         D         DELETE         21 TITE         Change         Add           TADRESS         Status         23 STREET ADDRESS         Change         Add           Status         DELETE         21 TITE         Change         Add           TADRESS         Status         23 STREET ADDRESS         Status         Status         Add           Status         DELETE         21 TITE         Change         Add           Status         DELETE         21 TITE         Change         Add           Status         DELETE         31 TITE         Change         Add           Status         DELETE         31 TITE         Change <th></th> <th></th> <th>184   City</th> <th></th> <th></th>			184   City		
D       DELETE       11 TTLE       Change       Add         FE ADDRESS       9342 AQUA VISTA BOULEVARD       13 STREET ADDRESS       S         ST.2P       BOYNTON BEACH FL 33437       14 COTV-ST-ZP       Change       Add         D       D       DELETE       21 TTLE       Change       Add         ST.2P       BOYNTON BEACH FL 33437       14 COTV-ST-ZP       Change       Add         ST.2P       D       DELETE       21 TTLE       Change       Add         ST.2P       BOYNTON BEACH FL 33437       24 CTV-ST-ZP       Change       Add         ST.2P       BOYNTON BEACH FL 33437       24 CTV-ST-ZP       Change       Add         ST.2P       BOYNTON BEACH FL 33437       24 CTV-ST-ZP       Change       Add         ST.2P       DELETE       11 TTLE       Change       Add         ST.2P       DELETE       11 TTLE       2 NAME       3 STREET ADDRESS         ST.2P       DELETE       11 TTLE       Change       Add         ET ADDRESS       ST.2P       DELETE       11 TTLE       Change       Add         ST.2P       DELETE       51 TTLE       Change       Add         ST.2P       DELETE       51 TTLE       Cha	office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	of Florida, Such change was au	s, the above-named con	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	FL
B342 AQUA VISTA BOULEVARD       13 STREET ADDRESS         BOYNTON BEACH FL 33437       14 CITY-ST.ZIP         D       DELETE       21 TITLE         REGAN, EMMA ELIZABETH       22 NAME         S342 AQUA VISTA BOULEVARD       23 STREET ADDRESS         ST-ZP       BOYNTON BEACH FL 33437       24 CITY-ST-ZIP         BOYNTON BEACH FL 33437       24 CITY-ST-ZIP         BOYNTON BEACH FL 33437       24 CITY-ST-ZIP         ET ADDRESS       33 STREET ADDRESS         ST-ZP       DELETE       31 TITLE         BOYNTON BEACH FL 33437       24 CITY-ST-ZIP         Change       Add         ST-ZP       DELETE         ST-ZP       DELETE         ST-ZP       3 STREET ADDRESS         ST-ZP       DELETE         Address       3 STREET ADDRESS         ST-ZP       DELETE         ST-ZP       DELETE         ST-ZP       Change         Address       3 STREET ADDRESS         ST-ZP       DELETE         ST-ZP       Change         LET ADDRESS       3 STREET ADDRESS         ST-ZP       STREET ADDRESS         ST-ZP       STREET ADDRESS         ST-ZP       STREET ADDRESS	office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligat NATURE Signature, typed or printed name of registered agen	of Florida. Such change was au tions of, Section 607.0505, Flori nt and title if applicable. (NOTE: 1	s, the above-named con thorized by the corporat da Statutes. Registered Agent signature require	red when reinstating) OA	FL     se of changing its registered appointment as registered
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The Corry, Entime       23 STREET ADDRESS         S342 AOUA VISTA BOULEVARD       23 STREET ADDRESS         ST.ZIP       DELETE         BOYNTON BEACH FL 33437       DELETE         1 DELETE       31 TITLE         33 STREET ADDRESS       33 STREET ADDRESS         ST.ZIP	office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligat NATURE Signature, typed or printed name of registered agen OFFICERS AN D REGAN, RODNEY JOHN 9342 AQUA VISTA BOULEVARD	of Florida. Such change was au tions of, Section 607.0505, Flori M and title if applicable. (NOTE: 1 D DIRECTORS	s, the above-named con thorized by the corporat da Statutes. egistered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	red when reinstating) OA	FL       Image: Second state and second state appointment as registered         ITE       Image: Second state appointment second state appoint second state appointment second state appointment sec
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ST-ZIP       4.4 CTY-ST-ZIP         I DELETE       5.1 TITLE         S2 NAME       5.2 NAME         5.3 STREET ADDRESS       5.3 STREET ADDRESS         ST-ZIP       5.4 CITY-ST-ZIP         I DELETE       6.1 TITLE         I DELETE       6.3 STREET ADDRESS         ST-ZIP       6.3 STREET ADDRESS         ST-ZIP       6.4 CITY-ST-ZIP         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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligat NATURE Signature, typed or printed name of registered agen OFFICERS AN BIGRAN, RODNEY JOHN STADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	D Florida. Such change was au tions of, Section 607.0505, Flori at and UBe if applicable. (NOTE: 1 D DIRECTORS D DELETE D DELETE D DELETE D DELETE	s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 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	red when reinstating) DA ADDITIONS/CHANGES TO OFFICE	Image: Change of Change o
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St CITY-ST-ZIP         ST-ZIP         St CITY-ST-ZIP         DELETE         6.1 TITLE         6.2 NAME         6.2 NAME         6.3 STREET ADDRESS         ST-ZIP         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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligat NATURE Signature, typed or printed name of registered agen OFFICERS AN BUNTON BEACH FL 33437 D REGAN, EMMA ELIZABETH 9342 AQUA VISTA BOULEVARI BOYNTON BEACH FL 33437 D REGAN, EMMA ELIZABETH 9342 AQUA VISTA BOULEVARI BOYNTON BEACH FL 33437	D DIRECTORS  D DIRECTORS  D DELETE  D  D  D  D  D  D  D  D  D  D  D  D  D	s, the above-named corr         thorized by the corporated a Statutes.         Registered Agent signature required         13.         1.1 TITLE         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	red when reinstating) DA ADDITIONS/CHANGES TO OFFICE	FL
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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, with all other like empowered.	office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligat NATURE Signature, typed or ponted name of registered agen OFFICERS AN BIORESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	DELETE	s, the above-named corriborized by the corporated a Statutes.         Registered Agent signeture required in the second	red when reinstating) DA ADDITIONS/CHANGES TO OFFICE	FL         use of changing its registered         appointment as registered         ITE         RS AND DIRECTORS IN 12         Change       Addition

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