SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1896. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000086616 (7)

RJA, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Principal Place of Business 100 AVENUE I COCO PLUM BEACH FL 33050			Mailing Addre	Mailing Address								
				P.O. BOX 523254 MARATHON SHORES FL 33052-3254			3. Date Incorporated or Qualified 3a. Date of Last Report					
2 Principal Dir	ace of Business		2a. Mailing A	diaco			01/03/1995 4. FEI Number		<u> </u>	1 677	oplied F	
21	ace or business		26 Mailing A	Guless			4. FELINGRIDGE				lot Appli	
Suite, Apt.	, etc.		Suite, Apt	l. #, etc.			5. Certificate of Status	Desired	$\overline{\Box}$	\$8.75	Addition	กลเ
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23	·		28				6. Election Campaign I Trust Fund Contribut	-			May B	
Zip	-	Country	Zip		Coun	try	This corporation has	s liability for			s. 199.03	32.
24	9 Name 25	Address of Cur	rent Registered Ager		30		Florida Statutes 10. Name and Address	of Non De	Yes	No .	-	
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100 AVENUE I COCO PLUM BEACH FL 33050						Street Add	ddress (P.O. Box Number is Not Acceptable)					
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SIGNATURE	egistered agent, n familial With, a Cuy Signature, hped or pr	nted name of registrate	agent and title if applicable.	- 12	TRI	CLA J	uired when re-instating)	00./	DATE	3/8	6	<u> </u>
SIGNATURE	Signature, speed or pr	nted name of registrate	renelm	- P	Registered 13.	Agent signature requ	CORDAN PRES	00./	DATE	3/9	RS IN 12	<u> </u>
SIGNATURE 12. IITLE	Signature, Apped or pr	OFFICERS	agent and title if applicable.	- 12	Registered . 13. 1.1 Till	Agent signature requ	WRDAU, PRES	00./	DATE	3/8	RS IN 12	<u> </u>
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rurner certify makine information malecated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ontil that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PAT RICLA