## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036868 (4)

WRJ INVESTMENTS, INC.

APPROVED AND FILED

1997 OCT 17 PN 3: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address	<del></del>	- j lodijadi iko keleh ekili ediki dalik ebik	IL OBING HILL BHIÐI (BLIR BLIR) IÐH 1981
5966 LAKEHURST DRIVE	5966 LAKEHURST DRIVE			
ORLANDO FL 32819	ORLANDO FL 32819		DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified	3a. Date of Last Report
			05/10/1995	05/01/1996
2. Principal Place of Business	2a, Mailing Address		<b>05/10/1995 4.</b> FEI Number	Applied For
21	26		59-3312721	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	
24 25 9. Name and Address of Curr	29 3	01	Personal Properly Tax due June :	
	etit uchiereten wheit	81 Name /		
WILLIAM J. TSCHIDA 3401 CALGARY LANE		K6	ENNETH M. BIERNA	57
MT. DORA FL 32757		82 Street Addre	ess (P.O. Box Number is Not Acceptable Phrw) DR	e) 
WILL DONA PE 32/3/		83	10 01	
		84 City		let I 7:- Cod-
		1 1 012	LANDO	FL 85 Zip Code ろ
11. Pursuant to the provisions of Sections 607.0: office or registered agont, or both, in the Sta agent. I am familiar with, and accept the obl	502 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the pu	urpose of changing its registered
agent. I am familiar with, and accept the obl	igations of Section 607.0505, Flori	da Statules.	or s board of directors, Thereby accept	the appointment as registered
SIGNATURE VIAMATA M.B.	LIVED KENNETH	かいいてにもれかり	(	
Stgrinder typed or fitneed name of registered a	agent and trite if applicable. (NOTE: I ND DIRECTORS	legislered Agent signature require		DATE
TILE V	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME WILLIAM J. TSCHIDA		1.2 NAME	OWNER H M. RILLDAMT	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS 3401 CALGARY LANE		1.3 STREET ADDRESS	30 PALM DR	
CITY-ST-ZIP MT. DORA FL	,	1.4 CiTY+ST-ZiP	enneth M. BiEPNAT, 30 PALM DR. DRLHNUD J. L. 32803	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		İ
STREET ADDRESS		2.3 STREET ADDRESS		00
CITY-S1-ZIP	77	2 4 CITY-ST-ZIP		-AN W
TITLE	☐ DELETE	3.1 7/TLE		Addition
NAME		3.2 NAME	ENSTATEMEN	10,1
STREET ADDRESS				
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME	ومعلى والمان والمان والعلى والمان والمان والمان والمان والمان المان والمان والمان والمان والمان والمان والمان	(
STREET ADDRESS		4.3 STREET ADDRESS	(1.31.31.31.36° 55° -10.291.26	258273 701060002
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ー にいてのまとい 安全事業子気に	1 00 ****750.00
TITLE	☐ DELF1L	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		53 STHEET ADDRESS		
CITY-ST-ZIP	No. bar	5.4 City - St - ZiP		
TITLE	☐ DELFTE	6.1 TITLE		Change  Addition
NAME		6.2 NAME		1
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-ST-ZIP	ind with this filling doos not qualify:	64 City-St-ZiP	in Section 119 07(3\(i)\) Florida Statutes	I further certify that the

I do 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 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 altachment with an address.

CNIATURE.

WHAT WAS 2-931/1