· FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1000					.1			
DOCUMENT # P95000043215 (9)									
R.J.L. I	DEVELOPMENT, INC.								
								81 811 1 3 81	
Principal Pian	o of Business	Mailing Address				– I TOBRIBON AID BRIDA DAITH DUTH UDHAL BUHA DUHA BU			
Principal Place of Business		1876 N UNIVERSITY OR							
1876 N UNIVERSITY DR SUITE 300		SUITE 300							
PLANTATION	FL 83322	PLANTATION FL 33322				DO NOT WRITE IN THIS	SPACE		
			·-·			3. Date Incorporated or Qualified 05/30/1995			
	Place of Business	2a. Mailing Address				4. FEI Number		plied For	4
Suite, Apt.	# atc	Suite, Apt. #, etc.				65-0626701	\$8.75	t Applicable	4
22	π, σιο-	27				5. Certificate of Status Desired	Fee Re		1
City & Stat	6	City & State				6. Election Campaign Financing	\$5.00	 -	1
23		28				Trust Fund Contribution	Added 1		Ţ
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cu	rrent year Int	angible	7
24	25	29	30] No	╛
	g. Name and Address of Current	Registered Agent		81 N		10. Name and Address of New Registered	Agent		-
	RCEDE, JOHN F		l	מ ויפ	ame				ļ
1876 N UNIVERSITY DR				82 S	reet Addre	ess (P.O. Box Number is Not Acceptable)			7
	HTE 300 Antation FL 33322			83					\dashv
70	-111A11011 FL 33322		1						
				84 C	ity	FL	85 Zip (Code	
11, Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the at	oove-na	med corpo			s registered	┪
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, F	authorized Iorida Stat	d by the utes.	corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE	√								
	Signature, typed or printed name of registered agen			Agent si	nature require	d when reinstating) DATE			15
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	S IN 12 Addition	48
TITLE	MERCEDE, JOHN F	☐ OELETE	1.1 TITLE 1.2 NAME				CHANGE	T Audition	5
NAME Street address	JAMA N. LININGSONY DD. ALITE AAA			imi: Reet addi	DECC.				Ŝ
CITY-\$T-ZIP	DIANTATION EL 00000		1	TY - ST - ZII	1				15
TITLE	VD	DELETE					Change	Addition	Շ
NAME	LICARI, GIROLAMO	•	2.2 NAME		1		-		1
STREET ADDRESS	2943 MYRTLE OAK DR	•	2.3 ST	REET ADD	RESS				
CITY-ST-ZIP	DAVIE FL 33328		2. 4 CI	1Y-\$1-ZI	P				
TITLE	STD	☐ DELETE	3.1 TJT	îLE			☐ Change	Addition	7
NAME	LICKER, JEFFREY A		3.2 NA	ME	- {				
STREET ADDRESS	1329 NW 126 WAY		3.3 ST	reet add	RESS				
CITY+ST-ZIP	SUNRISE FL 33323	- Delete		TY-ST-ZI	P		T 1 00		_
TITLE		☐ DELETE	4.1 TIT				Change	☐ Addition	-
NAME OTREET ADDRESS			4. 2 N/						ı
STREET ADDRESS				REET ADOI	- 1				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT	Y-ST-ZIF	1-		Change	Addition	1
NAME			5.2 NA						
STREET ADDRESS				REET ADOI	ess				
CITY-ST-ZIP				TY-ST-ZIF	1				
TITLE		DELETE	6.1 TIT		1		Change	Addition	1
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	reet addi	ress				l

14. 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 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.

6.4 CITY - ST - ZIP

OLONIATURE.