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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000051386

1. Corporation Name

R/J COMMERCIAL VENTURES INC.

•
15281 WILSHIRE COURT PEMBROKE PINES FL 33027

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90025 031 ***150.00



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Principal Place of Business Mailing Address						Parás Assal (1888) ()	· · · · · · · · · · · · · · · · · · ·
15281 WILSHIRE COURT 15281 WILSHIRE COURT PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027				DO NOT WRITE IN	THIS SPACE	,	
					3. Date Incorporated or Qualifed 06/29/1995		
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0600483		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22	•	27			5. Certicate of Olatos Bosineo		Required
Citý & State	City & State City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Cou		1	8. This corporation owes the current ye		\checkmark
24	25	29 30			Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent	_		10. Name and Address of New Regist	ered Agent	
601	DMON 14CK		81	Name			
SOLOMON, JACK			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	11 WILSHIRE COURT		L				
PEMI	BROKE PINES FL 33027		83	1			
			84	City		FL 85 Zij	p Code
44 D	to the previous of Castions 607 0503	2 and 607 1508 Florida Statutes th	ne abov	e-named corn	oration submits this statement for the purpo	se of changing i	its registered
office or re	egistered agent, or both, in the State of familiar, with, and accept the obligat	nf Florida. Such chande was author	ized by	tne corporatio	on's board of directors. I hereby accept the	appointment as	registered
SIGNATURE				 			
	Signature, typed or printed name of registered agent		tered Age	nt signature required	d when reinstating) DA ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.	OFFICERS ANI		I.1 TITLE		ADDITIONS/OFFARES TO OFF TOLER	- ☐ Change	
	SOLOMON, ROBERTA		1.2 NAME	Ì			
NAME	15281 WILSHIRE COURT			T ADDRESS :			
STREET ADDRESS			1.4 CITY-S	\			1
CITY-ST-ZIP TITLE ✓ ?	V		2.1 TITLE)11ZIF		Change	e Addition
}	SOLOMON, JACK	_	2.2 NAME				_
NAME	15281 WILSHIRE CT			TADDRESS			
STREET ADDRESS	DELADOUE DIVISA SI		2. 4 CITY-1		•		1
CITY-ST-ZIP			2. 4 CH 1 - 3 3.1 Ππ.Ε	31-ZIF		☐ Chang	e Addition
NAME		_	3.2 NAME				
STREET ADDRESS	•	1		T ADDRESS			
CITY-ST-ZIP	,		3.4. CITY-	1			
TITLE			4.1 T/TLE			Chang	e Addition
NAME			4. 2 NAME			•	
STREET ADDRESS	•		4.3 STREE	T ADDRESS			
CITY-ST-ZIP		1	4.4 CITY-S		_, _		
TITLE			5.1 TITLE			☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS,			5.3 STREE	TADDRESS			
CITY-ST-ZIP	<u>. </u>		5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		· 	☐ Chang	ge 🗀 Addition
NAME	•	· · · · · · · · · · · · · · · · · · ·	6.2 NAME	1		;	ĺ
STREET ADDRESS	TREET ADDRESS 6.3 ST		8.3 STREE	T ADDRESS		•	\
	-	I ,	6.4 CITY-5	ST-ZIP			ľ

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, with all other like empowered.

SIGNATURE:

SIGN