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 # P96000034426

1. Corporation Name

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90040 014 ***150.00

RJF ASS	OCIATES, INC.					4 (03)(00) (40 (04)(0 0)()(00)() (03)() (03)()		HOLD 2114 1881
Principal Place	of Business	Mailing Address						LIBIO AILI IGOI
747 FLAMINGO DR 747 FLAMINGO DR								
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572						DO NOT WRITE IN TH	IS SDACE	
						3. Date incorporated or Qualifed	13 SPACE	
						04/17/1996		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
	ace of business	26. Mailing Address				56-1684539	1	t Applicable
21 26 Suite, Apt #, etc. Suite, Apt			etc				\$8.75 A	
22 27						5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28	<u></u>			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		ı-		10. Name and Address of New Registere	d Agent	
-41	MDVOT BIOLIAND I		8	31 N	lame			ļ
	NDYSZ, RICHARD J		8	32 S	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	FLAMINGO DR			_				
APO	LLO BEACH FL 33572		8	33				
			8	34 0	City		. 85 Zip C	Code
					•	F	LI	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ove-na	amed corpo	oration submits this statement for the purpose in a board of directors. I hereby accept the app	of changing its	registered distered
office or readent. La	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida, Such change was a lations of, Section 607.0505, Florida	orida Statut	es.	corporation	as board of directors. Thereby decept the app		9.0.0.0
SIGNATURE	·							
SIGNATURE	Signature, typed or printed name of registered ag		E Registered A	qent sıq	mature required	when reinstalung) DATE		
12.	<u>-</u>	ND DIRECTORS	13	_		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition
TITLE	P	☐ DELETE	117171.					
NAME	FALANDYSZ, RICHARD J		1.2 NAM					
STREET ADDRESS	747 FLAMINGO DRIVE		13 STRE		- 1			
CITY-ST-ZIP	APOLLO BEACH FL	□ pci ste	1.4 CITY		Р		Change	☐ Addition
TITLE		☐ DELETE	2 1 TITLI				onlinge	
NAME			22 NAM					
STREET ADDRESS			23 STRI					
CITY-ST-ZIP		☐ DELETE		2 4 CITY- \$1- ZIP 3 1 TITLE			[Change	Addition
TITLE		C) DETELE					□ 5.10.136	
NAME			3 2 NAM		POECO			
STREET ADDRESS			33STRI		1			
CITY-ST-ZIP		☐ DELETE	34 CIT		IP		Change	Addition
TITLE		□ nerei¢	4	_				
NAME			4 2 NAA		DDECC			
STREET ADDRESS			43 STR					
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL		r		Change	Addition
TITLE		_ OLLLI	52 NAM					_
NAME			53 STR		DRESS			
STREET ADDRESS			54 CITY					
CITY-ST-ZIP		☐ DELETÉ	6 1 TITL		•		☐ Change	Addition
TITLE	1	_ 044514	62 NAM					_
NAME			63STR		DRESS			į
STREET ADDRESS			64 CITY					
CITY-ST-ZIP			H 0.20111		. 1			

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 attachpert with an address, with all other like empowered.

SIGNATURE: __

INTED NAME OF SIGNING OFFICER OF SIRECTOR

T. FALANDYSZ