PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000041409**1. Corporation Name

THE RJ5 GROUP, INC.

Principal Place of Business 1016 DISHMAN LOOP

Mailing Address

1016 DISHMAN LOOP OVIEDO FL 32765

FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90018 035 ***158.75



OVIEDO FL 32765		OVIEDO FL 32765			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/09/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-3388494	N	ot 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	
		28			Trust Fund Contribution	•	to Fees	
23 Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangi	ible		
24	25	29 30	ה		1 2 2	Yes	□No	
24	9. Name and Address of Curren				10. Name and Address of New Registered Age	nt		
			8	Name			İ	
JIMENEZ, RAUL A				Ctroot A	dd-sec (D.O. Boy Number is Not Accentable)			
1016	DISHMAN LOOP		8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)		J	
OVIE	DO FL 32765		8:	3				
			8-	4 City	FL ⁸	IS Zip	Code	
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea d	y tne corpor	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointment	ent as r	egistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Ag	ent signature rec	uired when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D	☐ DELETE	1.1 TITLE] Change	☐ Addition	
NAME	JIMENEZ, RAUL A		1.2 NAME					
STREET ADDRESS	1016 DISHMAN LOOP		1.3 STRE	ET ADDRESS			Į	
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE] Change	☐ Addition	
NAME	JIMENEZ, CYNTHIA M		2.2 NAME				ĺ	
STREET ADDRESS	1016 DISHMAN LOOP		2.3 STRE	ET ADDRESS			İ	
CITY-ST-ZIP	OVIEDO FL 32765		2, 4 CITY	·ST-ZiP				
TITLE		☐ DELETE	3.1 TITLE] Change	☐ Addition	
NAME			32 NAME	:]			j	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4 CITY	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE] Change	Addition	
NAME			4. 2 NAM	E			ļ	
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	_	☐ DELETE	5.1 TITLE] Change	Addition [
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS			į	
CITY-ST-ZIP			5.4 CITY-			7.01		
TITLE		☐ DELETE	6.1 TITLE	i i] Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS				ET ADDRESS ({	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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 optrostee 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 on an attachment with an address, with all other like empowered.

SIGNATURE: