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May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062112 (3)

1. Corporation Name

RJB PARKWAY ENTERPRISES, INC.

Principal Place of Business

7557 SW PELICAN WAY
HOBE SOUND FL 33455

Mailing Address

7557 SW PELICAN WAY
HOBE SOUND FL 33455-6231

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

SE Pelican Way

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

SE Pelican Way

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROWARS & TAPPER, P.A.
320 WEST OCEAN BLVD.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

RICHARD J BURNS

82 Street Address (P.O. Box Number is Not Acceptable)

7557 SE Pelican Way

83

HOBE SOUND

84 City

HOBE SOUND

FL

85 Zip Code

33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/97

12. OFFICERS AND DIRECTORS

TITLE PC
NAME RICHARD J BURNS
STREET ADDRESS 7557 SE Pelican Way
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE MD
NAME Robert J Burns
STREET ADDRESS 37 Cliffe Ave
CITY-ST-ZIP Lexington Mass. 02173

TITLE TSV
NAME Arline A Burns
STREET ADDRESS 37 Cliffe Ave
CITY-ST-ZIP Lexington Ma. 02173

TITLE D
NAME Michael J Burns
STREET ADDRESS 37 Cliffe Ave
CITY-ST-ZIP Lexington Ma. 02173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE MD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TSV
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97

CR2E034 (9/96)