

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000086736 (1)

Corporation Name
R-J. CELEBRATIONS, INC.



Principal Place of Business

2722 N.E. 1ST STREET
SUITE B
POMPANO BEACH FL 33062

Mailing Address

2722 N.E. 1ST STREET
SUITE B
POMPANO BEACH FL 33062-4933

3. Date Incorporated or Qualified
10/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 2455 E. SUNRISE Blvd.

Suite, Apt. #, etc.

22 905

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 2455 E. SUNRISE Blvd.

Suite, Apt. #, etc.

27 905

City & State

28 Ft. Lauderdale, FL

Zip

29 33304

Country

30 USA

4. FEI Number

65-0714408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLITMAN, JILL
2722 N.E. 1ST STREET
SUITE B
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name Tim A. Shane
82 Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE Blvd. #905
83
84 City Ft. Lauderdale FL 85 Zip Code 33304

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BLITMAN, JILL
STREET ADDRESS 2722 N.E. 1ST STREET, SUITE B
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE
NAME Tim A. Shane
STREET ADDRESS 2455 E. SUNRISE Blvd. #905
CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, President ☐ Change ☒ Addition
1.2 NAME Tim A. Shane
1.3 STREET ADDRESS 2455 E. SUNRISE Blvd. #905
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
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 if changed, or on another document with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim A. Shane President 4/24/97 954.561.4551

Date

Daytime Phone #

CR2E034 (9/96)