


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

FILED

Feb 27 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 # P96000089324 (3) 1. Corporation Name R.J. FIVE, INC.					
Principal Place of Business 2430 NW LAKERIDGE DR PALM CITY FL 34990			Mailing Address 2430 NW LAKERIDGE DR PALM CITY FL 34990-4865		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/28/1996 3a. Date of Last Report 4. FEI Number 65-0700590 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BODEM, LOREN E 815 COLORADO AVENUE SUITE 305 STUART FL 34994			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE D NAME JOHNSTON, RICHARD STREET ADDRESS 2430 NW LAKERIDGE DR CITY - ST - ZIP PALM CITY FL 34990					
TITLE <input type="checkbox"/> DELETE SECRETARY TREASURER NAME JOHNSTON, LUERA STREET ADDRESS 2430 NW LAKERIDGE DR CITY - ST - ZIP PALM CITY, FL 34990					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					



SIGNATURE:

Richard Johnston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **2/8/97** Daytime Phone # **(561) 336-7616**

CR2E034 (9/96)