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 # P96000101029

RJ CORPORATION

Principa	Place	of	Business

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90041 040 ***150.00



Principal Place	of Business	Mailing Address				•					
201 S. PARROT	T AVENUE	201 S. PARROTT AVENUE									
OKEECHOBEE FL 34974 OKEECHOBEE FL 34974						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed					
						12/16/1996					
2 Original Ol	and of Punings	2a. Mailing Address				4. FEI Number		Appli	ied For		
		<u>⊢</u> ¬	-ŋ <u> </u>			NOT APPLICABLE			Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					NOT AFFLICABLE	\$8.7		ditional			
22 Suite, Apr. 4	#, BIG.	27				5. Certifcate of Status Desired		e Requ	I .		
City & State	<u> </u>	City & State				6. Election Campaign Financing	\$5	00 м	av Be		
— <u> </u>	•	28				Trust Fund Contribution		ded to			
23 Zip	Country Zip Cour			try		8. This corporation owes the current year	Intangible				
24	25	29	30			Personal Property Tax. Yes No					
27	9. Name and Address of Curren		1221			10. Name and Address of New Registers	d Agent				
			8	31	Name						
PATE	L, JITENDRA D		_		O44 A -l -l	(D.C. Boy Mysshar is Not Accontable)					
	s. Parrott avenue		8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)					
	ECHOBEE FL 34974		8	33			_				
			8	34	City		L 85	Zip Co	de		
44 5	- th 607 050	2 and 607 1509 Elected Statut	oc the abo	340.5	named corno	pration submits this statement for the purpose	of changin	a its re	gistered		
office or re	egistered agent, or both, in the State	of Florida. Such change was a	luthorized b	by th	e corporation	n's board of directors. I hereby accept the ap	ointment a	s regis	stered		
agent. I ai	n familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Statute	es.					ł		
SIGNATURE		DOTE TO THE PROPERTY OF THE PR	's Begintered As	nant ei	icantura required	3 when reinstating) DATE					
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	gents	illistrate technico	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12		
TITLE	D	DELETE	1.1 TITLE	F			☐ Cha		☐ Addition		
	_		1.2 NAM				_	_			
NAME	PATEL, JITENDRA D		1.3 STRE		ODDECC				ŀ		
STREET ADDRESS	201 S. PARROTT AVENUE		•								
CITY-ST-ZIP	OKEECHOBEE FL 34974	☐ DELETE	1.4 CITY		<u> </u>	The second of th	☐ Cha	nge	Addition		
TITLE	D DATE: DANKIBLIALA		2.2 NAMI				_		_		
NAME	PATEL, RAMUBHAI N				000000						
STREET ADDRESS	201 S. PARROTT AVENUE		2.3 STRE								
CITY-ST-ZIP	OKEECHOBEE FL 34974	☐ DELETE	2. 4 CITY		ZIP		Cha	nne	Addition		
TITLE		☐ DECE IE	3.1 TITLE					· · · · · ·			
NAME			3.2 NAMI								
STREET ADDRESS			3.3 STRE		į						
CITY-ST-ZIP			3.4. CITY		ZIP				Addition		
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	ııye	Addition		
NAME			4. 2 NAM	ИE					\		
STREET ADDRESS			4.3 STRE	EETA	DORESS						
CITY-ST-ZIP			4.4 CITY		ZIP						
TITLE		☐ DELETE	5.1 TITLE				Cha	nge	☐ Addition		
NAME			5.2 NAM								
STREET ADDRESS			5.3 STRE	EET A	DDRESS						
CITY-ST-ZIP			5.4 CITY		ZIP						
TITLE		☐ DELETE	6.1 TITLE	E			☐ Cha	inge	Addition		
NAME			6.2 NAM	tE.				٠			
STREET ADDRESS			6.3 STRE	EET AI	DDRESS						
City-St-ZiP			6.4 CITY	/-ST-Z	ZIP						

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 adachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR