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

DOCUMENT # P96000102139 (8)

R.J.K. SERVICES, INC.

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



5364 EHRLICH ROAD. SUITE 232 TAMPA FL 33625		5364 EHRLICH ROAD, SU TAMPA FL 33625-5500	5364 EHRLICH ROAD, SUITE 232 TAMPA FL 33625-5500				
					3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last	Report
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26	26		59-342251	7	Vot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	f '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country Zip 25 29		Cour	itry	This corporation has liability for in Florida Statutes	or intangible tax under s. 199,032,	
	9. Name and Address of Curr		1921		10. Name and Address of New Reg	istered Agent	
343 COF	ERILAWYER CHARTERED ALMERIA AVENUE RAL GABLES FL 33134			93 84 City	COUNCE A BING ross (P.O. Box Number is Not Acceptable 4 EHRLICH ROMA	FL 85 Zip	Code
	to the provisions of Sections 607.0 registered agent, or both, in the Steam familiar with, and accept the ob	502 and 607, 1508, Florida Stati ate of Florida. Such change was ligations of, Section 607,0505, F	^	ove-named cor by the corpora ites.	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing t the appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of ogistiled	agent and title if applicable. (NO		Agent signature regul	Ired when reinstalling)		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	PSTD	☐ DELETE	1.1701	.Ę		Change	
NAME	BINGHAM, TERRANCE A		1.2 NA	Λŧ			
STREET ADDRESS	5364 EHRLICH ROAD, SUITE	232	1.3 STF	EET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33625	ı	1.4 CIT	Y-ST-ZIP			
TITLE	DELETE		2.1 1111	.E		Change	Addition
NAME			2.2 NAI	ME			
STREET ADDRESS	1	•	2.3 STF	EET ADDRESS		e,	
CITY-ST-ZIP			2 4 CH	Y-ST-ZIP			
TITLE	DELETE		3 1 181	.E		L] Change	Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STF	IEET ADDRESS			
CITY-ST-ZIP				Y-\$1-ZIP			
TITLE		☐ DELETE	4.1 3(1)	1 .		Change	Addition
NAME			4. 2 NA				
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CITY-ST-ZIP		M poletic		Y - S1 - Z(P			1 4400
TITLE	1	DEFEI6	5.1 TIT	ì		Change	Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-S1-2IP		——————————————————————————————————————	1.422
TITLE		DELETE	6.1 T()			☐ Change	Addition
NAME			6.2 NAI				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	L	<u> </u>	6.4 CIT	Y-S1-71P			

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 Statutos. I further certify that the information indicated on this annual report or supplemental arrival report is frue and accurate and that my signature shall have the same logal 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 attachment with an address.

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