Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90213 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077588

1. Corporation Name

RJB ASS	OCIATES, INC.											
Principal Flace of Business Mailing Address												
17928 SW 30 ST P O BOX 824471 MIRAMAR FL 33029 SOUTH FLORIDA FL 33802-4					17 1			DO NOT WRITE IN THIS SPACE				
								ate Incorporated or Qualife 9/05/1997	đ			
2. Principal Place of Business			2a. Mailing Address				4. FE	El Number			Applied For	
21		26					6!	5-0779556			No: Applicable	
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		27	City & State				ection Campaign Financing	9 🗆	\$5.00 May Be Added to Fees			
Zip	Country		Zip		ountry		8. Tr	nis corporation owes the cu	rrent year In			
24	25	29		30				erso nal Property Tax.	<u> </u>	[] Yes	I ZNo	
9. Name and Address of Current Registered Agent					-		10. N	ame and Address of New	Register 3d	Agent		
2414	ION DIGUADO LOD				81	Name						
BANNON, RICHARD J SR. 17928 SW 30 ST					82	Street Ad	dress (P.O	. Bo Number is Not Accep	otable)			
MIRAI	MAR FL 33029				83							
					84	City			F:L	85	Zip Code	
office or re agent. I an	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Flori	da. Such change was	authoriz	ed bv	the corpora	orporation si ation's board	ubm ts this statement for the dof directors. I hereby acc	e purpose o	f changing	g its registered s registered	
SIGNATURE	Signature, typed or printed name of registered	ager t and tritle	if applicable. (NO	E: Register	ed Ager	t signature recu	uired when reins	stating	DATE			
12.	OFFICERS AND DIRECTORS			13	13.		AD	DITI ONS/CHANGES TO C	FFICERS A	ND DIRE		
TITLE	PD	☐ DELETE			1.1 TITLE					Char	nge 🗌 Addition	
NAME	BANNON, RICHARD J SR.			12	NAME							
STREET ADDR :SS	17928 SW 30 ST			1.3	STREET	ADDRESS						
CITY-ST-ZIP	MIRAMAR FL 33029			14	CITY-S	r-ZIP						
TITLE	1707 - 1777 - 1 - 1 - 1 - 1		☐ DELETE	_	TITLE					Char	nge Addition	
					NAME							

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i). Florida Statutes. I further sertify 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 attachment with an address, with all other like empowered.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 52 NAME

61 TITLE

62 NAME

DELETE

☐ DELETE

□ DELETE

☐ DELETE

SIGNATURE:

STREET ADOR :SS

STREET ADDRESS

STREET ADDR :SS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

IGNING OFFICI R OR DIRECTOR

Change

Change

Change

Change

Addition

Addition

Addition

Addition

CR2E034 (11/98)