## FILE NOW: FILING FEE AFTER MAY 187) IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherice Harris

Secretary of State DIVISION OF CORPORATIONS

1999

P 97000080388

RJF HOLDINGS

Principal Place of Business

**DOCUMENT #** 

1. Corporation Name :

5940 SW 37th Terrace

LAUDERDALE, FL. 33312

SAME

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90228 028 \*\*\*150.00

1100	
line	

					DO NOT WRITE IN THIS SPACE					
					3.	Date Incommented or Qualified 09/	17/	97		
2.	Principal Place of Business	2a. Mailing Address			4	FEI Number		Applied For		
:1		26				65-0786915		Not Applicable		
<u> </u>	Suite, Apt. #, etc.	Suita, Apt. #, etc.			5.	Certificate of Status Desired		.75 Additional		
2	City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be		
3	Zip Country	28   C	ошпоу			This corporation owes the current year la				
4	· · · · · · · · · · · · · · · · · · ·	29 30	,		~	Personal Property Tax.	icangini X∵Y	_		
_	9. Name and Address of Curr	T	10. Name and Address of New Registered Agent							
	FENSTERSHEIB, ROBERT J.		81 82	Name	-					
5940 SW 37TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)						
	FT LAUDERDALE FL 33312		83	•		-				
			84	Çily		<b>F</b> i	85	Zip Code		

agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		·		-	QATE	•.*	<del></del> .
	Signature, typed or prented name of regulated agent and title if applicable.	PHOTE: R	Agent system require				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE	S TO OFFICERS		
mue	1 '	DELETE	1.5 TITLE		**	Change	Addition
NAME	FENSTERSHEIB, ROBERT J.		12 NAME				**
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33312		14 CTY-ST-ZP				
TILE .		DELETE	2.1 TIRE			Change	Addition
NAME			22 NAME .		'- !		
STREET ADDRESS			2.3 STREET ADDRESS	• •	-		
CITY-ST-ZIP			24 CITY-ST-ZP				
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME			•	• •
STREET ADDRESS	,		13 STREET ACCRESS				
CITY-ST-ZIP	<u> </u>		. LACTYST-ZP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			12 NAME				
STREET ACCRESS			43 STREET ADDRESS				•
CTTY-ST-ZIP			4.4CITY-ST-ZIP				
TITLE		☐ DETELE	as mus		7.	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREET ADDRESS	•		•	-
CITY-ST-ZIP			SACITY-ST-ZP	•-			
πட		☐ DELETE	61 ITTLE	-		Change	☐ Addition
NAME			62 NAME				• •
STREET ADDRESS			6.3 STREET ADDRESS				
	1		64 CITY-ST-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 attachment with an address, with all print like empowered.

SIGNATURE:

CR2E034 (11/98)