

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROVED
AND
FILED

98 DEC 24 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10068954

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092223 (1)
1. Corporation Name

JRJ TRANSMISSION CENTER INC.

Principal Place of Business
3402 N.E. 2ND AVENUE
OAKLAND PARK FL 33334

Mailing Address
3402 N.E. 2ND AVENUE
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0788066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TUNDIDOR, RANDY
3402 N.E. 2ND AVENUE
OAKLAND PARK FL 33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME NOGUERAS, JOHN
STREET ADDRESS 3402 N.E. 2ND AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE D ☒ DELETE
NAME TUNDIDOR, RANDY
STREET ADDRESS 3402 N.E. 2ND AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE D ☐ DELETE
NAME TUNDIDOR, JULIA
STREET ADDRESS 3402 N.E. 2ND AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 600002732256-3
1.4 CITY-ST-ZIP -01/06/99-01074-004
*****500.00 *****500.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 600002732256-3
2.4 CITY-ST-ZIP -01/06/99-01074-005
*****50.00 *****50.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 568-0608

CR2E034 (5/98)

TO WHOM IT MAY CONCERN
I WAS OUT OF WORK FROM
AUG 26th TO OCT 2nd

I AM ENCLOSED A NOTE FROM DOCTOR

IF ITS A PROBLEM COULD YOU CALL

I AM SORRY FOR EVERY INCONVENIENCE



MICHAEL R. ALEXANDER, M.D.

Diplomate American Board of Family Practice

3

WESTSIDE MEDICAL PARK
180 S. W. 84th Ave., Suite B
Plantation, Florida 33324
(954) 424-9300
Fax (954) 424-3315

October 9, 1998

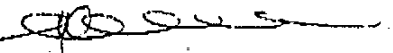
RE: JULIA TUNDIDOR

To Whom It May Concern;

The above is a patient of mine who was sick and incapacitated and unable to work from August 26, 1998 through October 2, 1998.

If you have any questions please contact me at my office.
Thank you.

Sincerely,


Michael R. Alexander, M.D.

MRA/mat

mailed