SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 20, 1999 8:00 am \ Secretary of State

08-20-1999 90004 027 ***550.00

1999	DI
DOCUMENT #	P98000042271

	Name # P98000		71			
R.J. ENTI	ERPRISES OF BROWARD,	INC.				
Principal Place		Mailing A				
1741 SW 31ST (HOLLYWOOD FL			31 ST DRIVE OD FL 33023			
		***************************************				DO NOT WRITE IN THIS SPACE .
			. ·		_	3. Date Incorporated or Qualified 05/11/1998
2. Principal Pl	ace of Business	2a. Mailir	ng Address		J	4. FEI Number Applied For
1		26	<u> </u>	<u>. سمس .</u>		Not Applica
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
2]		27				Fee Required
_ City & State	9	— -	& State			6. Election Campaign Financing \$5.00 May Be
3 Zip	Country	28 Zip		1 000	nto.	Trust Fund Contribution Added to Fees
4)	Country	29 Zip		30 Cou	нагу	8. This corporation owes the current year Intangible Personal Property. Yes No
<u>*</u> }	9. Name and Address of Curren	 -	Agent	30]		10. Name and Address of New Registered Agent
· · · ·		it itegistered	~ ·		81 Na	lame
	LAIT, RICKEY			i		
	SW 31ST DRIVE			ر :-	82 Str	Street Address (P.O. Box Number is Not Acceptable)
HOLL	YWOOD FL 33023	• -		~	83	
				,		
				`]	84 Cit	City FL 85 Zip Code
SIGNATURE _	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with fa	nt and title if applicat	ole. (M	NOTE: Register		signature required when reinstating) DATE
12.	OFFICERS AN	D DIRECTOR		13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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	MIKELAIT, RICKEY			1.2 NA		
	3741 SW 31ST DRIVE	•			REET ADDR	
	HOLLYWOOD FL 33023				TY-ST-ZIP	
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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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/88 Date

Daytime Phone #

(00/0) toous