Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90106 023 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000096650

1. Corporation Name

R LINVESTMENT ADVISORS INC

11 0 11441	CONTRACT ADVIOLOTIO, INC.										
Principal Place of Business Mailing Address								(\$61\\$61 110 (610) 18111 60111 60111 60111)1 3 19118 9119 9119	1 11111 1111 1111	
3470 BALLYBRIDGE CIRCLE. #201 3470 BALLYBRIDGE CIRCLE. #201							1				
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
								11/13/1998	·····		
2. Principal Place of Business			2a. Mailing Address					4, FEI Number	 	pplied For	
21	# - ^ -	26	Suite, Apt. #, etc.					05-0458338		ot Applicable Additional	
Suite, Apt. #, etc.			27					5. Certifcate of Status Desired		equired	
- City & State			- City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	20]	Zip	Cou	intry			8. This corporation owes the current year			
24	25	29		30	•			Personal Property Tax.	Yes	□ 2Νο	
	9. Name and Address of Current		stered Agent					10. Name and Address of New Registers	ed Agent		
				,	81	Name					
Judge, Robert					82	Street A	Addres	dress (P.O. Box Number is Not Acceptable)			
	BALLYBRIDGE CIRCLE, #201					Cubori	Address (F.O. Box Number is Not Acceptable)				
BONITA SPRINGS FL 34134					83						
•					84 City FL 85 Zip Code					Code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florid ons of	da. Such change was au , Section 607.0505, Flor	uthorized rida Stati	i by i utes.	the corpo	ration	ation submits this statement for the purpose 's board of directors. I hereby accept the appropriate the purpose of the purpose	oomunent as re	egistered	
12.	OFFICERS AND	DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	PVST		☐ DELETE	1,1 TI	TLE				☐ Change	Addition	
NAME	Judge, Robert J			1.2 N	AME						
STREET ADORESS	• • • • • • • • • • • • • • • • • • •				1.3 STREET ADDRESS			•			
CITY-ST-ZIP	BONITA SPRINGS FL 34134				TY-ST	r-ZIP				Addition	
TITLE	D		☐ DELETE	2.1 TI		1			Change	LT Addition	
NAME	JUDGE, ROBERT J			2.2 N		Ì				[
STREET ADDRESS	3470 BALLYBRIDGE CIRCLE, #2	201				ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 34134		- Closuste	_	ITY-S	T-ZIP		<u> </u>	- Change	☐ Addition	
TITLE			DELETE	3.1 TI		Ì			onango		
NAME	-			3.2 N							
STREET ADDRESS	•					ADDRESS					
CITY-ST-ZIP			☐ DELETE	4.1 33	TY-S	1-212			Change	☐ Addition	
TITLE			0	4.1 SI]		•			
NAME CTREET ADDRESS						ADORESS .				-	
STREET ADDRESS		-			17Y-S1	l					
C/TY-ST-Z/P			☐ DELETE	5.1 TI		1-2IF			Change	Addition	
				5.1 H		Ì			_		

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 other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition