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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S65041

(3)

R.J. GREENACRES, INC. Principal Piace of Business Mailing Address 5835 LAKE WORTH ROAD 5835 LAKE WORTH ROAD GREENACRES CITY FL 33463-3209 **GREENACRES CITY FL 33463** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1991 02/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0287524 21 26 Not Applicable Suite. Ant. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 25 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JULYLIA, RICHARD M. 5835 LAKE WORTH ROAD Street Address (P.O. Box Number is Not Acceptable) **GREENACES CITY FL 33463** 83 City 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 lide if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition **PVS** 1.1 TITLE TITLE JULYLIA, RICHARD 1.2 NAME NAME 5835 LAKE WORTH RD 1.3 STREET ADDRESS STHEET ADDRESS GREENACRES CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE JULYLIA, RICHARD 2.2 NAME NAMÉ 5835 LAKE WORTH RD 23 STREET ADDRESS STREET ADORESS **GREENACRES CITY FL** 2 4 CITY-ST-ZIP CITY - ST - 20 Change Addition DELETE TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-SI-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY - ST - ZIP

14. If do 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

SIGNATURE

CITY - ST-ZIF

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with ag address.

Daytime Phone

FILED

Jan 29 1997 8:00am

Secretary of State